

DOCUMENT RESUME

ED 070 382

HE 003 611

TITLE Experience Placements. Mental Health Career Development Programs.

INSTITUTION National Inst. of Mental Health (DHEW), Bethesda, Md.

REPORT NO DHEW-HSM-72-9119

PUB DATE 72

NOTE 85p.

AVAILABLE FROM Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

EDRS PRICE MF-\$0.65 HC-\$3.29

DESCRIPTORS *Federal Programs; *Health Occupations Education; Higher Education; *Mental Health Programs; *Professional Continuing Education; *Vocational Development

ABSTRACT

The purpose of the Mental Health Career Development Program (MHCD) is to recruit and develop talented professionals for major roles in the multidisciplinary Federal mental health effort at the National Institute of Mental Health and other agencies. This booklet is intended to assist MHCD members and their advisors in planning for the transition from training years to Experience Placements. The booklet is a compilation of the program descriptions of those programs that meet the placement criteria for assignments. (HS)

ED 070382

Experience Placements

MENTAL HEALTH CAREER
DEVELOPMENT
PROGRAMS



National Institute of Mental Health

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It is the policy of the Government of the United States to
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The policy of equal opportunity applies to every aspect of
Federal employment policy and practice."*

*Executive Order 11375
October 13, 1967*

ED 070382



Experience Placements



**MENTAL HEALTH CAREER
DEVELOPMENT
PROGRAMS**

National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

DHEW Publication No. (HSM) 72-9119
Printed 1972

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

FOREWORD

The purpose of the Mental Health Career Development Programs is to recruit and develop talented professionals for major roles in the multi-disciplinary Federal mental health effort, at the National Institute of Mental Health and other agencies, as well. This booklet is intended to assist MHCD members and their advisors in planning for the transition from training years to Experience Placements.

Periodically, the MHCD Programs canvass Public Health Service units to determine those interested in providing experience assignments. Programs meeting the placement criteria are encouraged to prepare a brief description of their activities in order to acquaint MHCD members with the wide variety of career opportunities.

This booklet is a compilation of the program descriptions received by September 30, 1971 (outlining placement possibilities for July 1972). Each description includes the name of the staff member who may be contacted for more information.

The index at the back of the booklet, based on descriptive terms suggested by the programs, should facilitate the location and review of particular kinds of assignments.

Although intended mainly for MHCD members, the descriptions will be of interest to anyone who requires general information about settings in which mental health professionals may function within the Public Health Service. The material refers only to psychiatrists and nurses since the MHCD program for other mental health professionals is quite new, but their placement opportunities would be similar.

Additional information may be obtained by contacting the Chief, Mental Health Career Development Programs, 5600 Fishers Lane, Room 14C03, Rockville, Maryland 20852.

J. David Miller, M.D.
Chief
Mental Health Career
Development
Programs

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*Drug Abuse
Administration
International
Mental Health
Manpower and
Training*

**Office of International Health
Office of the Assistant Secretary for
Health and Scientific Affairs
Washington, D.C.**

Consultant

1. *Organization and Physical Location.* This position is in the Office of International Health, Office of the Assistant Secretary for Health and Scientific Affairs. Offices are located in HEW North Building, 330 Independence Avenue, S.W., Washington, D.C.

2. *Objectives.* The Office of International Health is the principal advisor to the Assistant Secretary for Health and Scientific Affairs and the Surgeon General on international health matters. It is concerned with the overall responsibilities of the Public Health Service in international health relations and activities. Included is the responsibility of the Surgeon General to provide advice and assistance to all U.S. agencies that are involved in health and health-related activities outside of the territories of the U.S. The Office is the focal point within the Government for all technical relationships with the World Health Organization and Pan American Health Organization. Major new elements in international health programs are: the collection, analysis, evaluation and dissemination of information on patterns of drug abuse and addiction; populations affected; treatment options; and rehabilitation. It is essential that health input from HEW be based on continuous monitoring of developments in the field of drug control.

3. *Duties.* A primary responsibility will be to monitor closely all program activities and proposals in the area of drug control and to see to it that the health component is adequately represented. The incumbent must be thoroughly familiar with the operation of international health agencies such as WHO; PAHO; the U.N. Division of Narcotic Drugs, Geneva; the U.N. Fund for Drug Abuse Control; and the International Commission on Narcotic Drugs; as well as Government agencies such as BNDD, the State Department, and AID. The incumbent will serve as a member of the staff of the Office of International

Health and will be responsible for all international mental health activities with which OIH has relationships. On occasion he may be called upon to consult on matters of behavioral sciences as they apply to other problems of international health such as family planning, nutrition programs, and disease eradication. He will serve as liaison to other government agencies on these matters.

Opportunities for domestic and foreign travel may arise depending upon program needs and funding. The consultant is expected to attend professional meetings. Most trips will be less than one week. Exceptions are overseas trips which are likely to take several weeks to a month.

4. *Clinical Experience or Opportunities.* This is an administrative position, but an MHCD officer assigned is given an opportunity to spend two days a week in a clinical assignment arranged individually. The Psychiatric Service of the PHS Outpatient Clinic and several university departments in the Washington, D.C., area offer postgraduate courses in psychiatry.

5. *Examples of Program Activity.* With assistance from NIMH, and in consultation with FDA, the officer will develop proposals for multilateral and bilateral health programs in the area of mental health and, in particular, drug control. This will include working closely with international and national agencies. An opportunity to observe facilities, develop protocols for international studies, and assist in planning for manpower development for a particular country would be available.

6. *Supervision.* Supervision is provided by the Director, Office of International Health. The preceptors include representatives of NIMH and the Food and Drug Administration. In addition, consultation is available from other staff members in the OIH. The staff members are specialists in the various

health disciplines, e.g., epidemiology, public health administration, health education, nursing, etc.

7. Time Distribution. Approximately 21 days a year are devoted to site visits and consultation; attending national and regional meetings would require about 30 days a year. Duties include office consultation, telephone calls, correspondence, administration and review of programs. As noted above, two days per week may be spent in a clinical assignment. Teaching and research opportunities may sometimes be arranged by the individual in connection with his clinical experience. In addition, there is ample opportunity to pursue special study of problems of manpower and training in international mental health fields, treatment options and rehabilitation measures for drug abusers and addicts; research

into the shifting patterns of drug use and abuse; and determination of the populations affected and the causes of their involvement.

8. Present Staffing. This is a new position.

9. Facilities and Community. OIH administration programs are located in HEW North Building.

10. Other Opportunities. All MHCD officers have participated in at least one short post-graduate course. There are a number of universities and treatment and rehabilitation service programs.

11. Contact. For additional information contact Dr. S. Paul Ehrlich, Jr., Director, Office of International Health, Office of the Assistant Secretary for Health and Scientific Affairs, DHEW, Washington, D.C. 20201. Telephone: 202-963-3301.

**Department of Psychiatry
U.S. Public Health Service Hospital
San Francisco, Calif.**

*Clinical Service
Community Mental Health
Psychotherapy
Administration*

*Staff Psychiatrist:
Asst. Chief, for Psychiatric
Inpatient Service
Asst. Chief, for Psychiatric
Outpatient and Consultation
Services
Asst. Chief, for Richmond
Psychiatric Services
Asst. Chief, for Coast Guard
Psychiatric Service (Alameda)*

1. *Organization and Physical Location.* These positions are in the Department of Psychiatry, PHS Hospital, San Francisco. Offices are located at 15th & Lake, San Francisco, and at the Coast Guard Base, Alameda.

2. *Objectives.* The overall program basically provides clinical care and consultation to the beneficiaries of the Public Health Service. This includes the Merchant Marine, the Coast Guard, and the (civilian) Richmond Community of San Francisco, in which the hospital is located. There is an opportunity for a variety of clinical research activities. There is a substantial, though informal, psychiatric training program for general medical officers, with continuous case supervision by outside consultants and a seminar program conducted by outside instructors, plus teaching and supervision by our own staff. Careerists have found this program supplementary to their own training. The orientation is toward integrating the Department of Psychiatry into the fabric of psychiatric resources in the San Francisco Bay Area and the needs of the Public Health Service.

3. *Duties.* The positions are basically clinical, with varying opportunities in administration, teaching, supervision, and research, dependent upon interests and abilities.

4. *Clinical Experience and Opportunities.* This is highly variable, again dependent to a large extent upon interest and ability in particular areas. There are a wide variety of needs, involving patients of all ages and diagnostic categories, and including evalua-

tion, direct short or long term treatment, and consultation and indirect (social/situational) treatment.

5. *Examples for Program Activity.* During 1970 it became apparent that the Richmond Community of San Francisco, which without easily accessible and adequate medical facilities, was in need of a variety of psychiatric services. Under the authority of Sec. 328 of the PHS Act, and with the collaboration of the community and San Francisco officials, we developed psychiatric services for a population of about 60,000 (who became authorized beneficiaries as 'cooperative community patients'). An MHCD careerist assumed the major responsibility for the development, organization, and administration of this program. Out of this has developed outpatient and inpatient services, and school consultation for the Richmond Community. We are contemplating adding to this in the near future emergency psychiatric services with home visiting, and a drug abuse program for adolescents.

There are several ongoing projects for those with a clinical research bent, e.g., in the areas of aberrant social behavior, the psychiatric referral process in the total social setting, and communication in psychotherapy. The latter is focussed on the exploration and use of different primary media, such as freehand drawing and painting, to assist mutual perceptiveness and communication in psychotherapy.

6. *Supervision.* This is provided by the Chief

of the Department. Consultation is available from a wide variety of outside specialists.

7. *Time Distribution.* The positions are full-time, with one major area of delegated responsibility. There is flexibility, however, to participate in activities outside this area. There are opportunities for teaching, supervision and individual research, which can be individually arranged. Time is provided for attendance at professional seminars and meetings.

8. *Present Staffing.* The current staff consists of the Chief of the Department, a Deputy Chief, and several Assistant Chiefs for the various services. There are a total of seven psychiatrists, four general medical officers (in psychiatric training), one social worker, one clinical psychologist, and several research assistants. Clerical and nursing staffs are adequate. In addition there is a part-time psychiatric resident and a part-time child psychologist on loan from the Community Mental Health Services. Many career-

ists have participated in its various stages of development.

9. *Facilities and Community.* Individual program activities are located either in the PHS Hospital, at the Coast Guard Base Alameda (East Bay), or in the Richmond Community of San Francisco. The Hospital is a general, 366-bed facility. The Department of Psychiatry has a 15-bed ward in the Hospital and a smaller hospital unit at Alameda though hospitalization at Alameda is rarely necessary. The staff live in the surrounding cities and suburban areas across the Bay or down the Peninsula.

10. *Other Opportunities.* The San Francisco region is rich in many professional opportunities, and most are available to careerists. Collaboration and sharing with other agencies and facilities is encouraged.

11. *Further Information.* For additional information contact Gentry Harris, M.D., Chief, Department of Psychiatry, PHS Hospital, 15th & Lake St., San Francisco, Ca. 94118. Telephone: 415-752-1400 Ex. 333.

*Psychotherapy
Neuroses
Consultation
Drug Therapy*

**Outpatient Clinic
U.S. Public Health Service
Washington, D.C.**

Psychiatrist

1. *Organizational and Physical Location.* Part of general medical outpatient clinic located in the Health, Education and Welfare Building in downtown Washington; this program is a part of the Federal Health Programs Service of the Public Health Service.
2. *Objectives.* Provision of outpatient treatment to Public Health Service beneficiaries, and consultation to Federal governmental agencies wishing help with mental health problems within their personnel systems.
3. *Facilities and Community.* The Mental Health Service occupies offices in one wing of a Federal office building, adjacent to offices of surgical, internal medical, and other medical specialty services. Most of the remainder of the building is occupied by other programs of HEW and neighboring buildings house diverse Federal programs.
4. *Present Staffing.* The Chief of Service is a board-certified, psychoanalytically trained psychiatrist with considerable experience in the PHS. There are two additional psychiatrists at present, neither of them with MHCD. There have been several careerists previously assigned here.
5. *Examples of Program Activity.* Individual

psychotherapy with PHS officers or their dependents, or Coast Guardsmen and other uniformed service personnel, and their dependents, is the activity occupying the greatest amount of time at present. Some family or group therapy is done, and some time is spent in performing evaluations for various government agencies. Those interested spend some time consulting with health units or personnel departments with Federal agencies requesting such service.

6. *Job Description.* Each officer assigned has wide latitude in determining how much time he will invest in each of the above-described activities. Approximately 2 or 3 hours per week may be spent in staff meetings. Travel is almost never required.

7. *Other Opportunities.* Opportunities for part-time teaching at local medical schools are generally available. Several officers have been involved in part-time, postgraduate work such as psychoanalytic training.

8. *Further Information.* Contact James L. Wellhouse, Chief, Mental Health Service, PHS Outpatient Clinic, 330 C Street, S.W., Washington, D.C. 20201, Telephone: 202-962-7418.

*Industrial Mental
Health
Program
Development
Preventive
Mental Health
Part-time
Clinical Practice*

**Clinical Services Branch
Division of Federal Employee Health
Rockville, Maryland**

*Psychiatrist
Consultant*

1. *Organizational and Physical Location.* The Division of Federal Employee Health (DFEH) is a part of the Health Services and Mental Health Administration, with Headquarters at the Parklawn Building, Rockville, Maryland.

2. *Objectives.* DFEH is concerned with protecting the occupational health of Federal civilian employees. The Division has the responsibility of providing consultation, setting standards, and evaluation of Federal employee health programs and services. This includes direct operation of some 85 health units across the country providing occupational medical services to 135,000 Federal workers.

3. *Duties.* One position is available for approximately 20 hours weekly to engage in the type of activities described in paragraph 5 below. The careerist would have latitude in determining the extent and scope of his activities. In addition, a number of opportunities are available for careerists who wish to spend 2 to 6 hours weekly with the program working with specific Federal agency managements or specific health unit professional staffs.

4. *Clinical Experience or Opportunities.* The mix of clinical and consultant nonclinical activities is negotiable for each careerist's interest. All clinical activities do not involve long-term or definitive treatment programs.

5. *Examples of Program Activity.* Psychiatrist consultants organize and carry out training in occupational mental health for physicians and nurses staffing health units. In addition, they meet with the staffs of health units regularly to provide specialist consultant services, much as they would operate as a referral specialist for similar problems arising in the private practice of

medicine or non-Federal occupational medical departments. In addition, psychiatrist consultants examine, diagnose, and may engage in short term supportive therapy of individual Federal employee patients referred from health units. Particular emphasis is placed on crises intervention. Consultants also act as employee relations consultants to top level managers and personnel officers of various Federal agencies. Some typical occupational mental health problems presented either through management or health unit channels include:

a. The employee being scapegoated by the work group.

b. An older executive passed over by a reorganization.

c. An employee with a drinking or drug abuse problem.

d. A younger male employee in conflict with his supervisor and perhaps having a marital problem.

6. *Supervision.* Professional supervision will be provided by Dr. Gustave Weiland. Administrative supervision is provided by the Chief, Clinical Services Branch, DFEH, Dr. Arvo B. Ederma, a physician Board certified in Preventive Medicine.

7. *Time Distribution.* It is difficult to define the time distribution of any particular consultant. This will depend on the consultant's own range of interests and the ever-changing activities which go on in health units of the Division.

8. *Present Staffing.* Physicians and nurses experienced in preventive and occupational medicine direct and staff the Division's direct clinical, consulting, medical, and nursing operations. The occupational mental health activities are under the preceptorship direction of Dr. Gustave Weiland, NIMH psychiatrist,

a graduate of the MHCD Program. Dr. Weiland is Board certified in psychiatry and has had considerable experience in the occupational mental health area. He is assisted by volunteer and paid experienced psychiatrists from other Federal activities and from the private practice of psychiatry in the Washington, D.C. metropolitan area. A close working relationship also exists with the psychiatry staff of the PHS Outpatient Clinic, Washington, D.C.

9. *Facilities and Community.* The health units operated by the Division of modern industrial medical clinics, and are staffed with full-time Federal nurses and full- or part-time medical officers. Forty of the health units are located in the Washington, D.C. metropolitan area.

10. *Other Opportunities.* Since all psychiatrist consultant position opportunities are for part-time physicians, the specific oppor-

tunities for postgraduate education, attendance at professional activities, etc., will vary. However, the program is able to support such activities to a significant degree.

11. *Further Information.* For additional information contact:

Dr. Gustave J. Weiland
Senior Psychiatrist Consultant
Division of Federal Employee Health,
FHPS
Parklawn Bldg., Room 14-46
5600 Fishers Lane
Rockville, Md. 20852
Telephone: 301-443-1890

12. *Comments.* Assignment to this program presents a unique opportunity for an in-depth view of the workings of Government, and a chance to develop skill as a consultant to large organizations with special emphasis on the relationship of the individual to a work organization and vice versa.

Direct Patient Care
Research
Forensic Psychiatry
Drug Abuse
and Addiction
Alcohol Abuse
Administration
Training

**U.S. Bureau of Prisons
(Federal Prison Medical Service)**

Staff
Psychiatrist
Staff
Psychologist
Staff Social
Worker

1. Organization and Geographic Location. Potential placements are located in a number of Bureau of Prisons institutions across the country.

Institutions — Locations

Federal Youth Centers

Ashland, Kentucky
Englewood, Colorado
Morgantown, West Virginia
(Male and Female)

Federal Correctional Institutions

Danbury, Connecticut
Fort Worth, Texas
LaTuna, Texas
Lompoc, California
Milan, Michigan
Sandstone, Minnesota
Seagoville, Texas
Tallahassee, Florida
Terminal Island, California
(Male and Female)
Texarkana, Texas

Federal Reformatories

Alderson, West Virginia
(Women)
El Reno, Oklahoma
Petersburg, Virginia

United States Penitentiaries

Atlanta, Georgia
Leavenworth, Kansas
Lewisburg, Pennsylvania
Marion, Illinois
McNeil Island, Washington
Terre Haute, Indiana

Medical Center for Federal Prisoners

Springfield, Missouri

Thus, location can be in any area of the country, in a rural or urban setting.

2. Objectives. The objectives of the Bureau of Prisons is to correct offenders committed to its care and custody. As a mental health careerist you can significantly influence the nature of their care and custody through: (a) the development of new treatment programs; (b) engaging in research projects to bring new knowledge to bear on the problem of rehabilitating offenders; (c) participating on policymaking committees which set guidelines affecting an entire institutional population; and (d) by teaching and inservice training of semi- and paraprofessional staff as well as trainees in the various mental health disciplines.

3. Facilities and Community. These are institution-based programs although there is an increasing involvement in developing community relationships. Institutions are located near large urban areas (e.g., Atlanta, Dallas, Denver, Los Angeles), suburban areas (e.g., Danbury, Connecticut, outside El Paso, Texas, and Oklahoma City, Oklahoma), near university communities (e.g., Florida State University, University of Michigan, University of West Virginia), and in rural area (e.g., Alderson, West Virginia, Ashland, Kentucky, Lompoc, California, and Petersburg, Virginia).

4. Present Staffing. The number of mental health staff differs among the institutions. The highest concentrations of these staffs are in the institutions housing youth and young adult offenders. Each careerist will be supervised by a qualified member of his own discipline, i.e., a Board certified or Board eligible psychiatrist, a doctorate level psychologist; or a supervising-level social worker.

5. *Example of Program Activity.* The psychiatrist at the U.S. Penitentiary at Marion, Illinois has developed a therapeutic community which combines the treatment philosophy of Eric Berne with the treatment modality of confrontation and group encounter sessions. The psychologist at the Kennedy Youth Center in Morgantown, West Virginia is implementing a differential treatment program which involves "prescription programming" for four types of youthful offenders. The social worker at Milan has introduced a number of new approaches into an intensive treatment program for Narcotic Addict offenders including such things as video-tape feedback sessions and inmate-led group therapy "quarters."

6. *Job Description*

A. *Duties.* Duties vary depending on the interests of the careerists and the demands of the population. An effort is made to reach a mutually satisfactory mix between these two by varying the amount of the following five elements: Direct Service, Research, Teaching, Consultation, and Administration.

B. *Clinical Experience and Opportunities.* A correctional setting provides a truly unique environment and population, one which presents a challenge to mental health workers along any dimension of interest; psychopathology, be-

havioral anomalies, or social deviance. There is an opportunity to test one's own commitment to help society's rejects.

C. *Time Distribution.* This is maximally flexible, reflecting the interests of the careerist and those areas of experience he wishes to take most advantage of. Most time is devoted to clinical activity with weekly conferences. Remaining time would be distributed among the other four job elements listed above in "A".

D. *Supervision.* Supervision is provided by staff members in the careerist's discipline.

7. *Other Opportunities.* Depending upon location, careerists may teach or participate in postgraduate courses; work in community mental health clinics, attend professional meetings; and visit other Federal or State correctional institutions.

8. *Further Information.* For additional information contact:

Robert L. Brutsche, M.D.
Assistant Surgeon General, USPHS
Medical Director, Federal Bureau of
Prisons
101 Indiana Avenue, N.W.
Washington, D.C. 20537
Telephone: 202-739-2261

*Psychotherapy
Diagnostic
Classification*

**Psychiatric Research Branch
U.S. Coast Guard Medical Program**

*Clinical Research
Psychiatrist*

1. *Organizational and Physical Location.* This position is in the Psychiatric Research Branch of the United States Coast Guard Base Medical Division at the United States Coast Guard Training Center, Alameda, California. There are additional opportunities for program implementation and development, in the areas of research and evaluation of cadets, recruits and other personnel, at the Coast Guard Academy, New London, Connecticut; the Recruit Training Center, Cape May, New Jersey; and the Coast Guard Bases, New York, New York.

2. *Objectives.* To evaluate the manpower utilization capability of individuals with character and behavior disorders by providing adequate individual and group psychotherapy. Recruit studies on limited numbers have indicated a 75% success rate with less than 3 months of psychotherapy. Without psychotherapy, a 75 to 95% loss of manpower is realized at present with the additional impact on the civilian milieu when the individual is released from active duty. It is hoped that this program may be a pilot study for adaptation by all the armed services and civilian parameters.

3. *Duties.* The individuals assigned will work directly with active duty Coast Guard personnel. They will be required to establish a working diagnosis and assure that each case meets the parameters of the protocol. Following this, the psychiatrist will follow the patient as an inpatient and later as an outpatient providing individual and group psychotherapy with the object of returning the men to functional positions on active duty.

Detailed reports will be required periodically and will form the basis of a publication. The inpatient work will be carried on at the United States Public Health Service Hospital, San Francisco, and the outpatient work at the United States Coast Guard Station, Alameda, and the United States Public Health Service Hospital, San Francisco.

4. *The Clinical Experiences* base may be broadened as time permits by participation in the general psychiatric programs at the above institutions.

5. *Examples of Program Activity.* For the past 2 years, a pilot study was carried out at the United States Public Health Service Hospital by the psychiatric staff there, on a limited number of cases. A total of 18 consecutive Coast Guard cases were treated for periods of 2 to 3 months, and 17 were returned to duty. Of these, 15 were able to complete their enlistment satisfactorily. These were consecutive cases without preliminary screening or selection and included immature personalities, schizoids, passive aggressives, etc.

6. *Supervision.* The program was operated under the supervision of the Chief of Psychiatry, U.S. Public Health Service Hospital, San Francisco, and the Senior Medical Officer, United States Coast Guard Station, Alameda, and a psychiatrist. These individuals are extremely interested in the proposed program and are preparing a protocol in conjunction with the Physician in Charge of Medical Services, United States Coast Guard Headquarters, Washington, D.C. Additional consultative services by the psychiatrists involved in the initial program will also be available.

7. *Time Distribution.* About 60% of the time will be devoted to the proposed program at the United States Coast Guard Station and 40% at the hospital facility—variations will occur depending on the case load and stages of therapy.

8. *Present Staffing.* None.

9. *Facilities and Community.* The hospital and outpatient clinics are located in the San Francisco and Alameda areas. The staff live in the surrounding areas.

10. *Other Opportunities.* Educational and clinical opportunities are abundantly available in the San Francisco area on a time-permitting basis.

11. *Contact.* For further information contact Capt. B. G. Giel, M.D., Chief, Medical Services Branch, Professional Services Division,

Office of the Chief Medical Officer, U.S. Coast Guard—407 7th Street, S.W., Washington, D.C. 20591. Telephone: 202-426-1083.

Mental Health Careers in the Indian Health Service

Psychiatrists or other mental health professionals coming to work in the mental health program of the Indian Health Service often elicit a paradoxical response from their former colleagues. On hearing that a friend is moving to Window Rock, Arizona, or Pine Ridge, South Dakota, an average academic psychiatrist is apt to say something like, "Does your analyst know about that?" or more simply, "You must be crazy." The next reaction comes after a thoughtful pause and is something like, "I wish I could go." Almost all have the initial apprehension about someone giving up the glories of the academic life, or the pleasures of private practice. There also seems to be an intense anxiety about leaving the big city. However, those of us who have made this leap have found it rewarding. The problems are interesting, and we believe they have far reaching significance for the mental health professions as a whole. Some of the solutions that some of us have devised are somewhat unusual and ingenious, and the lives we lead tend to be varied, healthy, and occasionally a little adventurous.

In certain urban areas, one often encounters surprise over the fact that there still are any Indians. A Hungarian linguist who works on the Navajo Reservation was asked by another Hungarian behavioral scientist who works in New York how many blocks the reservation occupies. He was pleased to tell his compatriot that the Reservation is approximately twice the size of Hungary. Even those who know that lots of Indians still exist, and that there are more all the time are usually surprised to hear that *we* exist. In fact, we have not existed very long. The first permanent Indian mental health program was begun in 1965. Two more began the following year and we have grown rather rapidly. At present (June 30, 1971) the Indian Health Service includes fourteen psychiatrists, ten psychologists, nine psychiatric social workers (there are many more social workers in a separate medical social work branch), six mental health nurses, an anthro-

pologist, a sociologist, and approximately one hundred paraprofessional mental health workers of various categories. We also employ many part-time consultants. Professional supervision is available by board eligible psychiatric staff members or consultants.

We serve a population of half a million American Indians, living on or near Federal reservations. Most of this population lives in rural poverty. Many native and transitional cultures are represented. Many of our patients are bilingual, and many do not speak English. Two assumptions are commonly made about the mental health of Indians. One is that because of poverty and the strains of acculturation, mental illness is prevalent. The other is that because of the beauty and ease of traditional life, there is little mental illness. Both assumptions are true of some Indian communities and neither is very true of the whole. Probably Indian levels of mental health and illness are not remarkably different from levels in the cities, but the needs are greater because, until our program grows some more, services will be scarcer, and the problems of providing them will probably always be a little more complicated for reasons of geography, language, and culture.

One of the unusual features of our program is that it is integrated into a larger system which provides complete health care and which, in most cases, is the only agency to which our patients turn for medical and public health care. We work in collaboration with general physicians, medical specialists, nurses, health educators and other public health workers. Thus we have easy access to other services, comprehensive record keeping, good followup, and other advantages, as well as the inevitable minor frictions of being part of a medium-sized Government agency.

We believe that the special problems that we must overcome are precisely those that the mental health professions as a whole must learn to cope with in order to serve a sizable proportion of the world's population,

because much of mankind, like our patients, lives in tribal groups in conditions of rural poverty, rapid population growth, and cultural change. As will be the case as mental health services are extended to similar areas, we have found it necessary to become patient but persistent in the face of hostility and suspicion, to be particularly sensitive to different styles of community organization and power, to learn in great detail what a language barrier really is, and to develop local talent as rapidly as possible.

We rely heavily on paraprofessional workers. It seems to me that only someone who has attempted to do psychotherapy in collaboration with an interpreter can fully appreciate how complex interpretation is. After considerable experience, we have come to believe that no matter what the assumptions of the supposed therapist, the real therapist is the interpreter, and the crucial relationship is that between him and the patient. The other person present can make himself a harmful intruder or a helpful on-the-spot supervisor. One of our accidental discoveries has been that such therapeutic sessions are excellent training in therapy—individual or family. After a while, a good interpreter does not need the doctor any more. Navajo mental health workers who have been on the job for more than three years are now carrying many cases independently—usually in the family's home.

In areas where native medicine is still alive, we have learned to cooperate with medicine men. In such areas, consultations and referrals often go both ways between Indian Health Service and the medicine men. In one community, we are assisting an Indian operated school in the operation of a department of medicine. That is, they are training medicine men and we are providing classes in the fundamentals of non-Indian medicine, particularly psychiatry.

Many of our patients who require hospitalization, are sent to off-reservation hospitals, where no contact with the family is possible, where few people understand the life of their home, and where in some cases they do not speak the language and no one speaks theirs. We have begun one inpatient service and will have others in an attempt

to deal with this situation. We have found that the operation of this ward must be very different from any other we have known. In order for it to be effective the treatment has to take on many elements of Indian group-style, and many meetings must be conducted in a language not understood by the professional staff. If you can stand the anxiety, it is interesting.

Our population is much younger than that of the country as a whole, and for that reason and for reasons of prevention much of our work is with children and adolescents. Many Indian children attend government boarding schools far from home, starting at age six. We consult with many such schools and are directing the operation of two demonstration model dormitories in order to dramatize the need for larger and better trained staffs of child care workers. A usual (not in the model dorms) ratio of children to adult caretakers is eighty to one.

At times the extent and novelty of the problems facing us are discouraging, but for the most part we have been leading satisfying lives. One surprise—to me at least—has been that I have not been cut off from the academic and intellectual life. Many behavioral scientists are very interested in American Indians and there is a gratifying willingness to consult on the part of distinguished members of our field. Our consultants have included Erik H. Erikson, Daniel X. Freedman, Karl Menninger, Gerald Kaplan, Otto Will, Dorothea Leighton, Walter Mondale, Robert Kennedy, and Edward Kennedy.

Most of us have become rather deeply involved in the life of an Indian community. The initial suspicion and hostility usually is transient, and most of us feel that our Indian colleagues, friends, and patients are particularly warm, open people.

With a few exceptions, the places where we live are lacking in urban advantages, but most of us find the schools adequate, the stores passable if you can get to a city once in a while, and the lack of noise, smog, and crowds delightful. Most of us have access to climbing, skiing, hunting, fishing, riding, camping and lots of Indian ceremonies. Many of us fly around our areas in small planes,

and so far, two of us have become pilots.

The headquarters of our eight programs are listed below, but it should be noted that many of us live on a reservation as much as several hundred miles from the central office:

Anchorage, Alaska
Portland, Oregon
Billings, Montana
Aberdeen, South Dakota
Oklahoma City, Oklahoma
Albuquerque, New Mexico
Window Rock, Arizona
Phoenix, Arizona

In general we are looking for people who seem to fit our needs and whose needs we fit,

more than we are for specific professional categories. We also try to assign administrative responsibility to those who like it and are good at it rather than exclusively to physicians. Our administration tends to be a little loose and I doubt that there is any program where a psychiatrist, psychologist, or other specialist can have more freedom to try new ideas and techniques.

It is possible to work in the program as a member of the Commissioned Corps of the U.S. Public Health Service or as a civil service employee.

For more information write Robert L. Bergman, M.D., Chief, Mental Health Program, Indian Health Service, P.O. Box G, Window Rock, Arizona 86515.

*Research
Diagnostic
Classification
Epidemiology
Statistics*

**Biometry Branch
Office of
Program Planning and Evaluation, NIMH
Rockville, Maryland**

*Research
Psychiatrist
(Epidemiology)*

1. *Organizational and Physical Location.* This position is in the Register Development and Studies Section of the Biometry Branch in the Office of Program Planning and Evaluation of NIMH. Offices are located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland.

2. *Objectives.* The objectives of the Section are to develop methods and provide consultation on psychiatric case registers, analyze data from such registers for administrative research and planning purposes, design and conduct special studies utilizing a register, and cooperate with various case register programs to produce comparable tabulations and studies. Jointly, with the Maryland Department of Mental Hygiene, the Section administers a statewide psychiatric case register and maintains a field unit of the Biometry Branch located in Baltimore. It collects, integrates and analyzes longitudinal data on individuals with respect to their demographic and diagnostic characteristics and psychiatric services received. These cumulative records provide information on incidence, prevalence, and history of treated mental disorders, by population subgroups. Such information is supplemented by field studies of unselected population samples to aid in interpretation of the register data.

3. *Duties.* The officer should be a psychiatrist who is epidemiologically and research oriented. He serves as advisor to the section chief on epidemiologic studies requiring psychiatric knowledge, such as criteria for differential psychiatric diagnosis of patients, methods of conducting psychiatric interviews and mental status examinations, relation of symptom syndromes to diagnosis; assists in the interpretation of psychiatric register and epidemiologic field data on mental illness; prepares papers analyzing Maryland Psychiatric Case Register data and results of research for studies based on register data relating to such areas as patterns of care, out-

come of therapy, change in psychiatric diagnosis over time, etc.; develops and designs examination schedules for unselected population samples relating to inventory of behavior, presence or absence of significant symptoms and psychopathology, level of functioning, etc. Psychiatrist will function as part of a team working on the Maryland register and will be encouraged to work independently in initiating and developing projects of interest. Travel will generally be limited to relatively frequent trips between Rockville and Baltimore. Local travel within Baltimore (e.g., to the Johns Hopkins and University of Maryland medical schools) and to various facilities in Maryland will be required on occasion or for special projects. Travel out of State to professional meetings or to visit other State or community register programs will be necessary on occasion.

4. *Clinical Experience or Opportunities.* This position is principally epidemiologic in character, but opportunities exist for participating in clinical activities through arrangements with the psychiatric clinics at Johns Hopkins University and the University of Maryland as well as other psychiatric facilities in the State of Maryland and the District of Columbia.

5. *Examples of Program Activity.* A former staff psychiatrist participated in a study of the mortality experience of the registered Maryland psychiatric population over a five-year period. He assisted in developing the protocol for the study which included consideration of such factors as type and duration of care, place of death (in a facility or the community), psychiatric diagnosis, cause of death, age, sex, race and other demographic variables, and comparisons with the mortality experience of the Maryland general population. It is expected that some in-depth studies will result from this investigation for certain diagnostic and cause-of-death groups. In other projects it is planned to

study selected subgroups of the registered psychiatric population (e.g., schizophrenics, children, etc.) longitudinally, to determine the natural history of mental disorders and outcome.

6. *Supervision.* Supervision is provided by the section chief who is a statistician. Consultation is available from other members of the Biometry Branch and from staff of the various divisions within the NIMH. Also, the section has the services of a paid consultant to the register project who is a leading psychiatrist and epidemiologist. There is also a psychiatric advisory committee to the register which meets periodically and which is composed of leading psychiatrists in Maryland.

7. *Time Distribution.* The bulk of the officer's time will be concerned with the conduct of studies and analysis of data derived from the Maryland psychiatric case register. Time for specific activities will vary with projects and will involve consultations with clinicians, researchers, and computer specialists, review of literature, abstracting data, preparation of study protocols, interpretation of diagnostic and other medical information, visits to psychiatric facilities, preparation of research reports, etc. Occasional consultation will be provided to Biometry Branch personnel on various projects not associated with the register. One or 2 weeks per year may be used to attend professional meetings and special conferences. Officer may make own

arrangements for clinical activities (one or two days per week), and may pursue special and academic interests at such medical schools as Johns Hopkins University and University of Maryland (rapport with respect to register activities has been established with these universities), other universities in the area, and the National Institutes of Health.

8. *Present Staffing.* The professional staff of the section currently consists of the section chief and three other statisticians. There are a number of other high-level analytical and mathematical statisticians in the Biometry Branch.

9. *Facilities and Community.* The program's base is in the Parklawn Building in which most NIMH administrative and extramural programs are located, and which is convenient to the District of Columbia and its Maryland suburban area.

10. *Other Opportunities.* The register program has an established rapport with almost all (about 140) inpatient and outpatient psychiatric facilities in the State (including those in D.C. serving Maryland residents) which report to the register.

11. *Contact.* Additional information may be obtained from Mr. Irving D. Goldberg, Chief, Register Development and Studies Section, Biometry Branch, NIMH, Rockville, Maryland 20852. Telephone: 301-443-3364.

*Consultation
Administration
Program
Development
Manpower
and Training*

**Mental Health Regional Staffs, NIMH
Ten Regional Offices**

*Mental Health
Consultant*

1. *Organization and Physical Location.* The NIMH Regional Mental Health Consultants are located in the ten DHEW Regional Offices: Boston (I), New York (II), Philadelphia (III), Atlanta (IV), Chicago (V), Dallas (VI), Kansas City (VII), Denver (VIII), San Francisco (IX), and Seattle (X).

2. *Objectives.* The ten Regional Mental Health Staffs assist in carrying out a national mental health program by (1) providing professional and technical consultation to regional, State, community, and voluntary agencies concerned with mental health to further the development and administration of comprehensive mental health programs; (2) serving in a liaison and advisory role between the Divisions and regional, State, and local mental health and related agencies; (3) making current data available to the Director regarding issues, practices, and trends pertinent to the development of a national mental health program; and (4) promoting the integration and coordination of Federal, State, and local mental health efforts.

3. *Duties.* Duties are actually described within "Objectives" above. Staff members function both independently as "generalists" usually assigned to a State, and as a team as the situation requires. The staff travel between 40 and 50 percent of the time.

4. *Clinical Experience or Opportunities.* This is not a clinical assignment, but opportunities are available for such experience in hospitals, mental health centers, and university treatment centers in all ten of the communities in which regional offices are located.

5. *Examples of Program Activity.* A major function of Regional Office Staff is the provision of consultation and technical assistance to communities in the development of planning resources, comprehensive community mental health, alcoholism, and nar-

cotic and drug abuse programs. This activity is based on a thorough working knowledge of appropriate programs, legislation, and regulations, the ability to work in collaboration with a wide variety of agencies and individuals, and knowledge of community organization principles and techniques. It requires a working knowledge of the process of consultation and the ability to apply it. This activity extends over a period of time as assistance is provided in the development of plans, application for funds, and an ongoing supportive relationship as facilities begin operations.

6. *Supervision.* Administrative supervision and professional direction are provided by the Associate Regional Health Director for Mental Health where assigned, the Service Advisor, and the Chief, Mental Health Career Development Programs, through personal contact, established policy, procedure, and guidelines.

7. *Time Distribution.* Arrangements for clinical experience may be made for up to 40 percent of the work week. The balance of time is spent in consultation activities (including travel).

8. *Present Staffing.* Regional Office Mental Health Staff represent a wide range of disciplines: psychiatry, psychology, social work, nursing, the social sciences, and program analysts. Most Regional Office consultants are senior staff with a wide variety of professional experiences. The Mental Health Career Development Officer would have an opportunity to work closely with all the professional staff.

9. *Facilities and Community.* All Regional Offices are located in the downtown area of large cities, with the full range of cultural, educational, and social opportunities one would expect in metropolitan communities.

10. *Contact for additional information:*
Mr. Sidney C. Wolverson
Chief, Field Operations Branch
Office of Program Coordination

National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852
Telephone: 301-443-3820

*Consultation
Information
Retrieval
Program
Development
Computers*

**National Clearinghouse for
Mental Health Information
Office of Communications, NIMH
Rockville, Maryland**

Psychiatrist

1. *Organizational and Physical Location.* The National Clearinghouse for Mental Health Information (NCMHI) is a branch of the Office of Communications, within the National Institute of Mental Health.

2. *Objectives.* The Clearinghouse serves as a national center for mental health scientific information. Overall operations involve assembling, processing, and disseminating scientific information through the use of computer techniques, abstract journals, and bibliographies. The Clearinghouse has a mandate not only to respond to requests for information, but also to define areas in which information is needed and to develop scientific materials through its own professional staff or through contracts.

3. *Duties.* The Mental Health Career Development Officer would be a psychiatrist within the Clearinghouse. In this capacity, he would function independently to develop expertise in program areas such as psychopharmacology, community psychiatry, communications techniques, developmental psychology, and others of interest to him.

With his general psychiatric background and specialized areas of knowledge, he would serve as a consultant in the development of information supply contracts and in the framing of responses to requests for highly technical information.

He would be expected to contribute on a professional level to the fund of scientific knowledge through research and publications. He may be expected to develop and edit publications in fields of particular interest to himself and to the Institute.

4. *Clinical Experience or Opportunities.* While the National Clearinghouse for Mental Health Information does not have in-house clinical activities, clinical or research programs may be developed in the large number of facilities within the Washington-Baltimore

metropolitan area. Elective time is available to an MHCD officer.

5. *Examples of Program Activity.* Two examples of Commissioned Officer Programs are given below:

a. An officer became interested in suicidology, gathered a suicide bibliography, and in cooperation with the Center for Studies of Suicide Prevention laid out the format for a substantive professional journal.

b. Another officer coordinated efforts to gather a bibliography on mass violence and civil disobedience and helped prepare state-of-the-art papers summarizing existing knowledge about civil disturbances.

6. *Supervision.* Supervision is provided by the Chief, NCMHI.

7. *Time Distribution.* In general, 20% to 40% of an officer's time would be available for scientific reading and writing. The development of publications, bibliographies, and contracts would occupy another 20% to 40%. As mentioned previously, part of a MHCD psychiatrist's time would be allocated for active research or clinical work. There may be opportunities within NCMHI for administrative experience.

8. *Facilities and Community.* The NCMHI offices are located in the Parklawn Building in Rockville, Maryland. Members of the staff live in suburban Maryland and the District of Columbia.

9. *Other Opportunities.* Officers in the Clearinghouse have access to the clinical, research, and post-graduate study facilities in the Washington metropolitan area. These include the NIH campus in Bethesda, the Washington School of Psychiatry, the Washington Psychoanalytic Institute, Saint Elizabeths Hospital, community mental health centers, some Maryland State Hospitals, and several universities. Attendance at relevant professional meetings is encouraged.

10. *Contact.* For further information contact: Chief, NCMHI, NIMH, Parklawn Building, Room 15C-26, 5600 Fishers Lane, Rockville, Md. 20852. Telephone: 301-433-4573.

*Computers
Data Processing
Information
Retrieval
Statistics*

**Computer Systems Branch
Office of Administrative Management, NIMH
Rockville, Maryland**

*Programmer/
Analyst*

1. *Organizational and Physical Location.* This position is in the Computer Systems Branch of the Office of Administrative Management, NIMH. Offices are located in Room 6C-26, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

2. *Objectives.* The objectives of the Branch are to provide computer systems support including design, development and implementation to the Institute. The Branch is also responsible for approving contracts containing data processing services and insuring that overall Institute computer services requirements are provided by the Office of Administrative Management.

3. *Duties.* The programmer/analyst is assigned projects which involve several phases of computer systems development beginning with initial system study and design through flow chart preparation and programming. Projects support the NIMH operating and administrative programs in such areas as information retrieval, grants program analy-

sis, scientific application development, and mathematical/statistical analysis.

4. *Supervision.* Technical supervision is provided by senior programmers and analysts on the CSB staff. Career development as related to Branch performance is guided by the Chief, Computer Systems Branch.

5. *Present Staffing.* The current staff pattern consists of the Branch Chief, Commissioned Corps Officers, system analysts, computer programmers, and keypunch operators. These disciplines include mathematics, statistics, and other quantitative backgrounds.

6. *Other Opportunities.* All MHCD officers may participate in post-graduate courses which are offered at several universities in the Washington, D.C., area.

7. *Contact.* For additional information, contact Chief, Computer Systems Branch, National Institute of Mental Health, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852. Telephone: 301-443-3809.

**Research
Clinical
Grant
Activities
Administration**

**Clinical Research Branch
Division of
Extramural Research Programs, NIMH
Rockville, Maryland**

**Clinical Research
Grants Program
Specialist**

1. *Organizational and Physical Location.* The Clinical Research Branch (CRB) is part of the Division of Extramural Research Programs and is located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland.

2. *Objectives.* The Clinical Research Branch has as its objectives the stimulation of the extent and the improvement of the quality of clinical research. This area encompasses both observational and experimental studies of the entire range of psychiatric and psychosomatic illnesses (except for drug abuse, alcoholism and suicide prevention). A special program provides support for clinical research centers carrying out larger interdisciplinary programs of studies which focus on major problems, e.g., schizophrenia, depression, psychosomatic disorders, and childhood schizophrenia.

3. *Duties.* These depend on the particular phase of the program to which the Mental Health Career Development officer is assigned but generally includes administrative duties with regard to research grants and active participation in consultation with active and potential researchers about substantive issues, problems of research strategy, methods, techniques and design of research, often in collaboration with nationally prominent scientist consultants. Reviews are conducted of various areas of knowledge to identify promising but neglected research approaches; work on these is stimulated by the development of conferences and publications, identification of and consultation with likely investigators, and, where appropriate, collaborative design of some research supported by special grants or contracts. Three such areas of currently active effort are immunologic studies of schizophrenia, collaborative designs in psychotherapy research, and psychological and biological studies of depression.

4. *Clinical Experience or Opportunities.* While the major aspect of day-to-day ex-

perience primarily involves research administration, the subjects of these studies are clinically relevant problems. In addition, up to two days per week of clinical experience at related local clinical facilities, with individual supervision as appropriate, may be arranged; or under circumstances where the officer's skills enable him to become an active co-participant in clinical research carried out in one of the NIMH facilities, he can be involved directly in patient contact involving the collection of clinical data.

5. *Examples of Program Activity.* The scope of the program is varied since it includes studies of the etiology, diagnosis, treatment (excluding drug therapy), pathophysiology, and psychopathology of almost the full gamut of psychiatric disorders at all ages. Some examples of major program areas are: learning and feedback procedures in modifying autonomic functioning; "REM" sleep and dreaming; the relations of catechol and other biogenic amines to affective disorders as well as to mood; stress, including perceptual isolation; family interaction measures and their application to family therapy; measures of brain function such as the cerebral evoked response, in schizophrenia and other disorders; clarification of significant symptom-defined subgroups of 'The Depressions' and 'The Group of Schizophrenias'; psychosomatic studies of patients with obesity, bronchial asthma, myocardial infarction, and open-heart surgery; psychoanalytic studies of childhood developmental sequences and their implications for the development of illness both in late childhood and adult life; studies of perceptual and cognitive functions in schizophrenia, including the development of operational scales for ego functions; and a large number of investigations devoted to the clarification of the various new 'behavior modification' treatment techniques, as well as of the traditional psychotherapies. In the last area, two special grant-supported projects

are exploring the possibilities for large-scale collaborative designs directed to pinning down crucial questions which research has only recently permitted us to formulate.

Ordinarily an officer is assigned both to a general program area, e.g., clinical center programs, and to one or more specific content areas, e.g., depression, which may overlap into other general areas. These assignments reflect his own interests and expertise. Within these fields the officer will identify specific subareas (or even individual studies) which require stimulation, as well as those researchers competent to carry out these projects, and proceed to engage the interest of those scientists and consult with them in carrying out this work.

Illustrative program activities during the current year include organizing a study group consisting of staff and consultants to identify research issues and problems for the evaluation of newer group psychotherapeutic methods as exemplified in encounter, sensitivity, Gestalt, and marathon groups. Another activity concerns the criterion problem in studies of outcome of psychotherapy. Here program staff have aimed towards the identification, selection and/or development of evaluation tools and procedures that are needed for the assessment of the efficacy of

individual psychotherapy and behavior therapy. A third effort has been to stimulate research, including collaboration among several investigators in different laboratories and clinics on the psychobiology of depressive illnesses. Moreover, several staff members have been engaged in stimulating and encouraging studies of children at high risk for schizophrenia and also in the development and controlled evaluation of different models for the psycho-social treatment of schizophrenic adults.

6. *Present Staffing and Supervision.* The Branch staff includes seven psychiatrists and six clinical psychologists, each of whom has somewhat different fields of interest and special competence ranging from genetic and computer studies to the psychobiology of depression to measures of psychotherapy outcome criteria. Administrative supervision is provided by the branch and section chiefs, but the lines are highly informal and all staff members freely consult one another, with the choice dictated by who is the most knowledgeable.

7. *Contact.* For additional information, contact Dr. Martin M. Katz, Chief, Clinical Research Branch, National Institute of Mental Health, 5600 Fishers Lane, Rockville, Maryland 20852. Telephone: 301-443-4524.

*Program
Development
Research
Grant
Activities
Consultation*

**Center for Studies of Schizophrenia
Division of
Extramural Research Programs, NIMH
Rockville, Maryland**

*Program
Specialist*

1. *Organizational and Physical Location.* The Center for Studies of Schizophrenia is a part of the Clinical Research Branch which is in turn a part of the Division of Extramural Research Programs and is located in the Parklawn Building, 5600 Fishers Lane, Rockville, Md.

2. *Objectives.* The Center for Studies of Schizophrenia has as its objectives: (1) coordination of Institute-wide activities in schizophrenia; (2) analysis and evaluation of current research and related program developments in this area; (3) stimulation and development of programs of research service, demonstration, and training pertaining to psychological, social, and biological aspects of schizophrenia; (4) recommendation of the extent to which such means as research and training grants, contract and conferences should be used to support these programs; (5) collaboration with organizations outside the Institute to facilitate program development; and (6) stimulation of the communication of information through consultation and development of conferences, committees, and publications.

3. *Duties.* The Mental Health Career Development officer will be primarily involved in the substantive aspects of the Institute's program dealing with schizophrenia. As the Center serves as a coordinating unit analyzing and evaluating current research and program developments to avoid duplication and to stimulate programs pertaining to the psychological, social, and biological aspects of schizophrenia, his administrative responsibilities will be limited to serving these functions. His primary responsibility will be to be an up-to-date source of information with regard to the Institute's programs in schizophrenia research, training, and service. To do so, he will review programs; visit grantees; represent the Center at scientific meetings; be involved with the development of conferences

to deal with particular problems related to schizophrenia; aid in the publication of material which grows out of the work of the Center; be available to active and potential investigators as a consultant with regard to methods, techniques, and design of research, training, and service as it relates to schizophrenia; and, depending upon his competence and interest, collaborate in the design of research to be supported through special grants or contracts.

4. *Clinical Experience or Opportunities.* Although the experience in the Center for Studies of Schizophrenia does not involve day-to-day involvement with patients, his involvement with the content of research, training, and treatment with regard to schizophrenia is directly clinically relevant. In addition, up to two days per week of clinical experience at related local clinical facilities, with individual supervision as appropriate, may be arranged; or under circumstances where the officer's skill will enable him to become an active coparticipant in clinical research carried out in one of the NIMH facilities, he can be involved directly in patient contact involving the collection of clinical data.

5. *Examples of Program Activity.* The Center's program cuts across the entire Institute's activities. As a coordinating Center, a major function is to answer inquiries and facilitate information exchange; it may do so by bringing together professionals involved in similar subareas of schizophrenia whether they relate to research, training or service. The scope of this function is as broad as the Institute's activities with regard to schizophrenia, ranging from immunochemistry to the training of State hospital nonprofessional personnel. For example, conferences may be scheduled which will bring together investigators of diverse theoretical stances and methodologies, all of whom are studying the parents of schizo-

ity, the Center will serve to identify gaps in present knowledge or research interest and stimulate and develop research in such areas; for example, the prospective longitudinal study of groups at high risk for the development of schizophrenia is presently receiving our attention in this regard.

The officer will be able to work in those subareas, either content (e.g., family studies) or function (e.g., training) related, which best suit his interests and competence. For example, he will be encouraged to review existing programs and literature and develop critical reviews of the literature and/or collaborative studies in these subareas, should they be deemed reasonable and appropriate to the Center's functioning. In so doing he will contact the appropriate investigators, engage their interest, and work closely with them in the development of a program to deal with the particular problem.

6. *Present Staffing and Supervision.* At the present time, the Center staff consists of its Chief, a psychiatrist, and supporting personnel. Available to him is the Branch staff including four psychiatrists and four clinical psychologists, each with varied areas of interest. In addition, consultation is available with members of the NIMH staff who have special competence with regard to various aspects of schizophrenia. Administrative supervision will be provided by the Chief of the Center and by the Branch Chief. Content-related supervision will be provided by the Center Chief and/or other intramural and extramural staff as deemed appropriate.

7. *Contact.* For additional information, contact Dr. Loren R. Moshier, Chief, Center for Studies of Schizophrenia, Clinical Research Branch, National Institute of Mental Health, 5600 Fishers Lane, Rockville, Md. 20852; Telephone: 301-443-4707.

**Research
Psychiatrist**

search facilities. Current special programs include a program for support of units carrying out early clinical drug evaluation; a collaborative multihospital study of drugs in depression; studies of the effects of milieu and expectations on drug response both in patients and normal subjects; and systematic studies of the effects of standard drugs on a variety of animal behavioral measures. Special work is also supported on problems of drug metabolism and drug synthesis.

Although the program has a central focus in clinical psychopharmacology, it encompasses in a major way other areas of relevance to all research in psychiatry, including the measurement of psychopathology and clinical change, the problem of diagnosis and classification of mental patients and operations research approaches to evaluation of the efficacy of patient care in programs which include drugs but also include other important therapies. A tour with the Branch could therefore provide such an officer with intensive experience with one or two collaborative studies plus a broad exposure to the other activities of the Branch through attendance at meetings and less formal discussions of research plans and research findings. Depending upon the officer's special interests, he could also get additional experience in basic research in psychopharmacology and in the use of statistics and computers in the design of studies, their monitoring, and in the analysis of data.

6. Supervision. The Branch's staff, which includes research psychiatrists, clinical, social, and experimental psychologists, pharmacologists, and chemists, can provide an officer with competent supervision plus a broad overview of research problems in many areas relevant to psychiatry. The specific assignments available can be tailored to the interests of a specific officer, insofar as the Branch's ongoing programs permit.

Branch's ongoing programs permit.

5. Examples of Program Activity. The work of the Psychopharmacology Research Branch's professional staff involves the planning of needed special research studies dealing with clinical and basic aspects of psychopharmacology, the monitoring of ongoing programs and consultations with investigators. Grant- and contract-supported research is carried out throughout the country in hospitals, university laboratories and other re-

7. Contact. For additional information, contact Dr. Jerome Levine, Chief, Psychopharmacology Research Branch, National Insti-

tute of Mental Health, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852. Telephone: 301-443-3524.

*Epidemiology
Research
Preventive
Mental Health
Community
Mental Health*

**Center for Epidemiologic Studies
Division of
Extramural Research Programs, NIMH
Rockville, Maryland**

Psychiatrist

1. *Organizational and Physical Location.* The Center for Epidemiologic Studies is located in the Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852.

2. *Objectives.* The major objectives of the Center are to coordinate all the activities of NIMH in the area of mental health epidemiology and to support research and training activities on an extramural basis and an intramural staff basis. Basic and applied research into the medical, social, and psychological conditions affecting the mental health of communities and populations are a major interest of the Center.

3. *Duties.* The careerist will be given responsibility for carrying out part of the program with the supervision as necessary. Assignment tasks include review of all research done in an area, the identification of further work to be done, consultation with prospective grant applicants in planning indicated research, and the possible assignment as NIMH project officer in carrying out research projects. The responsibilities of the Center are very broad and the actual combination of duties will be developed on an individual basis.

4. *Clinical Experience or Opportunities.* Although clinical work is not an inherent part of the Center program, the careerist will be able to devote a portion of his time to clinical work arranged individually.

5. *Examples of Program Activity.* Early in 1967 the Center staff became interested in setting up an epidemiologic laboratory field station to provide NIMH with current information on the mental health status of a selected community. Current efforts include

expanding the program to six additional areas.

6. *Supervision.* The assignment will be under the joint supervision of senior staff representing competencies in behavioral and biometric disciplines. Frequent consultation with experts outside NIMH, as well as NIMH specialists themselves, will be available.

7. *Time Distribution.* As much as 10 percent of the assignment may be devoted for travel to research sites and consultation visits with people in the scientific community. After an orientation period, the careerist will be given increasing responsibility to carry out assignments and thereby arrange his own schedule.

8. *Present Staffing.* The Chief of the Center is a physician-epidemiologist. Other staff include a nurse-epidemiologist, an MHCD psychiatrist, two sociologists, three statistician-epidemiologists, and clerical-secretarial personnel.

9. *Facilities and Community.* Most NIMH and HSMHA administrative and extramural programs are located in the Parklawn Building. Staff live mainly in the Maryland suburbs, but also commute from the District of Columbia and suburban Virginia.

10. *Other Opportunities.* Staff members attend national or regional professional meetings of their choice and frequently represent the Center. MHCD officers may participate in some postgraduate courses in the Washington, D.C. area.

11. *Further Information.* Contact Robert E. Markush, M.D., Chief, Center for Epidemiologic Studies, National Institute of Mental Health, Parklawn Building, Room 10C-09, 5600 Fishers Lane, Rockville, Md. 20852. Telephone: 301-443-3737.

Administration
Consultation
Grant
Activities
Program
Development

Psychiatry Training Branch
Division of Manpower and Training Programs, NIMH
Rockville, Maryland

Training
Specialist

1. *Organizational and Physical Location.* This position is in the Psychiatry Training Branch of the Division of Manpower and Training of NIMH. Offices are located in the Parklawn Building, Rockville, Maryland.

2. *Objectives.* The objectives of the Branch are to improve the quality of training in psychiatry for physicians, to expand and improve the training of psychiatrists, and to develop specialized training programs. The Branch works toward these objectives by providing financial support through the mechanism of grants for training programs in teaching institutions. Grant support is currently provided to all medical schools and colleges of osteopathy and to about two-thirds of all the psychiatry residency training programs in the United States.

3. *Duties.* The psychiatrist participates in the review of training grant applications, provides consultation to training programs, and participates in the administration of training grant support (including the determination of administrative eligibility of trainees for NIMH stipends and a variety of other activities related to the use of NIMH funds). Initially the officer will act as a participant-observer in the review process. After visiting several institutions and participating in staff discussions, his skill in training program evaluation will improve and he will be able to make valuable contributions as a knowledgeable consultant. His interest in a partic-

ular field may develop so that he can consult frequently in that area.

Site visits do require considerable travel to various parts of the country. The training specialist is expected to attend several meetings and conferences each year, including the annual APA meeting. Most trips can be limited to 1 or 2 days. Exceptions are the APA meeting and two or three trips to the West Coast, of a full week in length, for site visits to several different institutions.

4. *Supervision.* Supervision is provided by the Branch Chief. In addition, consultation is available from other staff members in the Division. The staff from the Division of Special Mental Health Programs are consulted in regard to the development of programs in special areas. The staff has the consultation and advice from a group of experts in psychiatry education who make up the Psychiatry Training Review Committee and who participate in the final phases of the review process.

5. *Facilities and Community.* Most NIMH administrative and extramural programs are located in the Parklawn Building. The staff usually live in the Maryland suburbs or the District of Columbia.

6. *Contact.* For additional information, contact Dr. Walter W. Shervington, Chief, Psychiatry Training Branch, National Institute of Mental Health, Rockville, Maryland 20852. Telephone: 301-443-2120.

Program

**Development
Grant**

**Activities
Consultation
Administration**

**Experimental and Special Training Branch
Division of
Manpower and Training Programs, NIMH
Rockville, Maryland**

**Training
Specialist**

1. Organizational and Physical Location. This position is presently in the Experimental and Special Training Branch, Division of Manpower and Training Programs, NIMH. The offices are located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland.

2. Objectives. The major thrust of the Branch is to facilitate the development of new, unique and innovative programs for the training of persons in mental health and allied fields. The Branch works towards the achievement of these objectives by providing training grants to eligible training institutions. Current programs involve the training of nonprofessionals and subprofessionals as well as persons at the professional and post-professional levels. In addition, training is provided for lawyers, judges, police, probation officers, clergy, and other groups with mental health involvement. Since a primary objective is the development of replicable training models, all programs are required to provide relevant evaluations.

Other principal objectives of the Branch are to improve the quality of training in public health-mental health for students enrolled in the schools of public health, and to develop specialized training programs for professional mental health workers and new types of mental health workers enrolled in the schools of public health. The Branch works toward these objectives by providing financial support and consultative assistance to the schools of public health. Grant support is currently provided to 11 of the 15 accredited schools of public health in the United States.

3. Duties. The training specialists participate in the review of training grant applications, provide consultation to training programs and participate in the administration of training grant support (including the determination of administrative eligibility of trainees for NIMH stipends and a variety of other activities related to the use of NIMH

funds). The position requires that the training specialist site visit institutions, participate in staff discussions and stimulate program development in areas relevant to the program's mission. Site visits require travel to various parts of the country. Most trips can be limited to 1 or 2 days. Lengthier periods away from the office may be necessary for trips to the West Coast.

4. Clinical Experience or Opportunities. This area is open for negotiation depending upon the candidate's needs and interests. To the extent that the clinical experience can have particular program relevance either to the Experimental and Special Training Branch, or public health training aspects, such opportunities will be encouraged.

5. Examples of Program Activity. Program activity may be initiated directly by the applicant, through referral by other units in the NIMH, and by initiative of individual training specialists. Characteristically, after contact is made by one of these means, the potential applicant submits a description of his proposal. The training specialist reviews the proposal and consults with the applicant in person, or if convenient, by telephone or letter, offering his opinion as to how relevant the proposal is to the Institute's interests as well as suggestions for strengthening those aspects in need of further elaboration. After the proposal is revised, the applicant would be sent an application for review by the Experimental and Special Training Committee. The training specialist involved would probably site visit the applicant with a member of the Training Committee for purposes of getting a more complete understanding of the proposal. As necessary the training specialist would comment on the application at the Review Committee and subsequently provide a summary of the Committee's action for the National Advisory Mental Health Council.

Another example of a program activity would be as follows: Early in 1967, the Chief, Public Health Section of the Experimental and Special Training Branch met with the deans of two newly accredited schools of public health to discuss opportunities for mental health training and content within the schools' curricula. Opportunities were also provided for the Section Chief to meet with various public health faculty members in these schools to explore the relation of mental health content to particular public health subspecialty areas, e.g., biostatistics, epidemiology, etc. Continuing consultation is being provided with the anticipation that formal training grant applications will be forthcoming in the near future.

6. *Supervision.* Supervision is provided by the Chief, Experimental and Social Training Branch, Division of Manpower and Training Programs, NIMH. In addition, consultation is available from other staff members of the Institute.

7. *Time Distribution.* Approximately 30 to 50 days a year are devoted to site visits and consultations. Duties in Rockville include office consultations, administration and review of proposals of grant supported programs. Teaching and research opportunities

may sometimes be arranged by the individual. In addition there is ample opportunity to pursue special study of problems of manpower and training in mental health fields.

8. *Present Staffing.* The current staff of the Division of Manpower and Training Programs consists of a variety of professionals trained in all of the mental health disciplines. The particular staff with which the MHCD officer would be associated consists of the three members of the Experimental and Special Training Branch, one of whom is trained in public health-mental health.

9. *Facilities and Community.* Most NIMH administrative and extramural programs are located in the Parklawn Building. The staff live in the Maryland suburbs or the District of Columbia.

10. *Other Opportunities.* All MHCD officers have participated in at least one short post-graduate course. There are a number of universities in the Washington, D.C. area.

11. *Contact.* For additional information contact Dr. Ralph Simon, Chief, Experimental and Special Training Branch, Division of Manpower and Training Programs, National Institute of Mental Health, Rockville, Maryland 20852. Telephone: 301-443-3893.

*Administration
Consultation
Clinical
Community
Mental Health*

**Continuing Education Branch
Division of
Manpower and Training, NIMH
Rockville, Maryland**

*Training
Specialist*

1. *Organizational and Physical Location.* Continuing Education Branch, Division of Manpower and Training, NIMH. Offices are located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland.

2. *Objectives.* (1) Development of a new national program of support for continuing education of psychiatrists, behavioral scientists, social workers, nurses, allied professions and other mental health personnel. (2) Continued development of existing program of support for psychiatric postgraduate education for nonpsychiatric physicians.

3. *Duties.* Activities would be approximately one-third clinical and two-thirds administration-consultation. Teaching opportunities can be arranged if desired. Continuing Education Branch activities would average approximately 4 hours per week of staff conferences, seminar and supervision (plus many informal and "when needed" contacts with staff of the Branch, Manpower and Training Division, and other NIMH units); approximately 3 days per month in travel and the remainder in reading, telephone or office consultation, writing and administrative work. Travel will be variable, usually 1 or 2 days for site visits and 2 or 3 days for conferences, many weeks with no travel. Both the quantity and the timing of travel can to some degree be arranged electively. The MHCD psychiatrist who started in 1969 was the second MHCD placement in the Continuing Education Branch. Because of the special interest of the Branch in professional development, the MHCD psychiatrist would receive special attention for his own development, while also sharing in graduated work responsibilities in the Branch.

Candidate should have sound clinical training in a university training center, have above average interest in education, in community mental health and in administration. He should be capable of consultation with a wide variety of professional persons via

letter, phone and personal contact. Post-internship training and/or experience in a nonpsychiatric medical field is desirable but not essential.

4. *Clinical Experience or Opportunities.* Opportunities for clinical work are available in the Washington area. Part-time supervised clinical experience is encouraged, approximately two days per week, arranged by mutual agreement of the officer, the Branch, and the clinical institution.

5. *Examples of Program Activity.* The Continuing Education Branch psychiatrist met in New York with the new A.P.A. Task Force on Continuing Education for Psychiatrists to participate in their planning and to consult with them regarding implementation of a new grant supported program. A visit was also made to Denver to participate in the annual joint planning session of the A.P.A. Committee on Medical Practice and the American Academy of General Practice Mental Health Committee, which cosponsor postgraduate education activities.

Following consultation by letter, phone, and office visit in Bethesda, a grant application was filed by the University of North Carolina. The psychiatrist made a site visit to the University and to the State Department of Mental Health to review their application for grant support of Continuing Education for directors of community mental health centers in a five-state area. The psychiatrist later participated in discussion of the grant proposal by the continuing education Training Grant Review Committee.

In October, 1967, the Branch sponsored and conducted a National Conference on Continuing Education in Mental Health. The theme was "Continuing Education, Agent of Change." The Conference served as a springboard for a variety of national and regional program development efforts, which are now in the process of implementation.

Continuing education of psychiatrists and

other mental health persons is a new area of grant support and program development for NIMH. The Continuing Education Branch was established in 1966, and the first of the new grant projects began in 1967. Program development will occur via project grants to universities, training centers, professional societies, and a variety of State and community agencies. Program development will also occur via staff-negotiated contracts, regional conferences or workshops and staff consultations to training centers and other agencies.

6. *Supervision.* Administrative supervision will be by the Branch Chief, Thomas G. Webster, M.D. Dr. Webster, prior to his work at NIMH, was a clinical supervisor at Massachusetts Mental Health Center and coordinator of the Harvard Medical School third-year psychiatry clerkship. He also has training in child psychiatry and in public health. Dr. Webster would provide regular individual supervision to the MHCD psychiatrist. In addition, consultation is available from other staff members in the Branch, Division, and Institute, as a variety of persons have concern with continuing education in their particular program areas. There are also frequent consultations with Advisory Committee members and other experts in continuing education both inside and outside the mental health field.

7. *Time Distribution.* See *Duties* (Item 3). In addition to activities described in Item 3,

time will be provided and the MHCD Officer will be encouraged to take on a specific study and/or action research project in a special area of his own interest. One-half to one day per week would be involved; appropriate supervision, consultation and travel will be provided. Examples of relevant areas include career development, changing identity, adaptation to social change or continuing education and institutional change.

8. *Present Staffing.* The Continuing Education Branch staff now includes a psychiatrist, two social workers, a psychiatric nurse educator, and a part-time child psychiatry resident from the MHCD program.

9. *Facilities and Community.* Most NIMH administrative and extramural programs are located in the Parklawn Building. The staff live in the Maryland suburbs or the District of Columbia.

10. *Other Opportunities.* Many opportunities are available at NIMH, NIH, neighboring universities, and other facilities in the Washington Area. Participation in postgraduate courses and other activities can be arranged on the basis of individual interests of the MHCD Officer. Attendance at the A.P.A. Annual Meeting and other selected meetings are part of the job.

11. *Contact.* For additional information contact: Chief, Continuing Education Branch, Division of Manpower and Training Programs, 5600 Fishers Lane, Rockville, Maryland 20852. Telephone: 301-443-4735.

*Community
Mental Health
Program
Development
Administration
Legislation
Grant Activities*

**Community Mental Health Centers
Support Branch
Division of
Mental Health Service Programs, NIMH
Rockville, Maryland**

*Psychiatric
Consultant*

1. *Organizational and Physical Location.* These positions are a part of the Community Mental Health Services Support Branch, Division of Mental Health Service Programs. The offices are located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

2. *Objectives.* The primary objective and goal of this program is the development of comprehensive community mental health services throughout the country. Through grant mechanisms for the building and staffing of Community Mental Health Centers, grants for mental hospital improvement, and staff development, the National Institute of Mental Health can assist financially in establishing and strengthening community mental health services. This program is intimately involved in the evolutionary process now taking place in American psychiatry.

3. *Duties.* The psychiatric consultant's major functions are related to implementation of the grant programs through numerous mechanisms: i.e., participating with regional office staff in developing and evaluating grant applications with regard to program content; serving as a reviewer in regional office review sessions; consulting with regional offices, State mental health agencies, and staff of community mental health centers around issues of special concern; serving as a member of official site visit teams which make periodic reviews of operating community mental health centers; evaluating applications for grants under related programs such as narcotics addiction and alcoholism services and serving on review committees considering these applications; participating in planning of services for high-risk groups; and identifying and communicating new findings to the mental health field.

The psychiatrist also functions as a con-

sultant to the applied research grants program, which supports projects dealing with psychosocial issues directly related to community psychiatry. He has considerable latitude in assignments, many of which involve travel.

4. *Clinical Experience or Opportunities.* For those interested in clinical and research activities, the area is rich in resources for pursuing these aims. Clinical time can be arranged through the numerous outpatient clinics, Community Mental Health Centers, and departments of psychiatry in the area. The Clinical Center on the reservation of the National Institutes of Health, which houses the intramural research programs for the National Institute of Mental Health, is a short distance from the Parklawn Building, and research assignments can be arranged with the various departments. Because of the proximity of the Clinical Center and the numerous medical school departments of psychiatry, there is ample opportunity for attending conferences, lectures, and postgraduate courses.

The psychiatric consultant has many opportunities for visiting mental health centers throughout the nation and remains in constant communication with mental health personnel about various aspects of administration, treatment, service delivery, training, and research. Numerous opportunities are available for lecturing, consulting, and writing, providing a stimulating participant experience in shaping the care of the mentally ill.

5. *Examples of Program Activity.* Since this Branch is responsible for planning, coordinating, and evaluating programs for the support of mental health services, the Branch activities relate to the general improvement of State and local mental health services, con-

struction and staffing of comprehensive community mental health centers, improvement of quality of care and competence of staff in State mental hospitals and institutions, and the construction, modernization, and renovation of mental hospitals, general hospitals, and other psychiatric facilities.

With the recent decentralization of the operational aspects of the community mental health services program, the current emphasis in this Branch is on developing policy and planning on a broad national basis as well as providing overall guidance and direction to these programs.

Communication with the regional offices is maintained through joint meetings, participation in reviews, and site visits. An example of a program activity is participation in a joint central office-regional office-State and local mental health authority site visit to a federally supported comprehensive community mental health center for a combination monitoring-consultative review of their program. A site visit report is prepared by the psychiatric consultant summarizing his observations, indicating the center's program merits and deficiencies, and recommending changes to correct the deficiencies and improve the program.

6. *Supervision.* This position offers an excellent opportunity to learn administrative and community psychiatry. Administrative and program supervision is readily available through the Branch Chief and the Director of

the Division of Mental Health Services as well as the numerous professionals on the staff. The staff is multidisciplinary, reflecting the eclectic broad theoretical base of psychiatry today. The staff includes psychiatrists, psychologists, sociologists, economists, administrators, public health advisors, psychiatric nurses, and psychiatric social workers.

7. *Time Distribution.* Because of the nature of this assignment, it is not possible to indicate a specific weekly breakdown of time and activities. Appropriate schedules are worked out individually with the supervisor.

8. *Present Staffing.* At this time the Branch is headed by a psychiatrist as Chief, and a psychologist as assistant chief. Two psychiatrist consultants are also assigned to the Branch as are other professional support personnel. Dr. J. David Miller, now Chief, Mental Health Career Development Programs, NIMH, served in this Branch 1969-1970.

9. *Other Opportunities.* There is ample opportunity for continued postgraduate education and attendance at professional meetings.

10. *Further Information.* Further information about the Community Mental Health Services Program can be obtained from Dr. Claudewell Thomas, Director, Division of Mental Health Service Programs, National Institute of Mental Health, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852. Telephone: 301-443-3606.

*Delivery and
Financing of
Mental Health
Services
Mental Health
Economics
Legislation
Community
Mental Health*

**Mental Health Care and Services
Financing Branch
Division of
Mental Health Service Programs, NIMH
Rockville, Maryland**

Psychiatrist

1. Organizational and Physical Location. This position is in the Mental Health Care and Services Financing Branch of the Division of Mental Health Service Programs of NIMH. Offices are located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland.

2. Objectives. The Branch is the Institute focal point for activities concerned with expansion of mental health benefits included in public and voluntary health insurance and medical assistance programs, implementation of the mental health aspects of Title XVIII and Title XIX of the Social Security legislation, and analysis of trends in financing mental health services. Thus, the Branch is concerned with quality and cost controls, standards of service, organization of mental health services, availability of mental health resources, and professional and public understanding of mental health benefits and plan requirements. The Branch is also concerned with the ability of the mental health provider, especially the community mental health center, to comply with required standards and to obtain multiple-funding for their services. Special emphasis is given to evaluation of the mental health implications of proposals for national health insurance.

All of these responsibilities require that the Branch staff maintain liaison with many units within NIMH, HSMHA, DHEW, and other Federal programs, national organizations and agencies, business groups, the insurance industry, State and local mental health authorities, and the private sector of mental health facilities.

3. Duties. The mental health care specialists provide consultation and make recommendations to the Institute staff, to the Social

Security Administration, to the Social and Rehabilitation Service, and to other national, State, and local organizations in connection with the development, evaluation, and revision of requirements and standards for the mental health aspects of health insurance programs. They assist in the formulation of professional standards and conditions of participation for psychiatric hospitals participating under the Medicare and Medicaid Programs and in the development and implementation of requirements relating to utilization review, patient care planning, and alternatives to hospitalization. Specialists must be knowledgeable about results of NIMH-sponsored research on mental health service delivery, efficient and economical organization of mental health services, utilization patterns, and quality standards. Specialists will work individually and with other members of the Branch staff and regional office staff, as well as with the staffs of other agencies, in studying particular problems around the impact of policy and the utilization of psychiatric benefits. Specialists will also participate in the certification of psychiatric hospitals and in the training of State health facility surveyors.

Consultation and field studies will require travel to various parts of the country. Most of these visits are to mental health facilities and usually will be made in collaboration with other central office or regional office staff members.

4. Clinical Experience or Opportunities. This is an administrative position, but an MHCD officer is given the opportunity to work in an individually arranged clinical assignment.

5. Examples of Program Activity. One officer assigned to this Branch served on several

Departmental task forces established to study the health care delivery system and the impact of Medicare and Medicaid on the care of the mentally ill. Another example is the work the staff has done on the development of Guidelines for Surveyors of Psychiatric Hospitals as a part of their certification as providers of service under Title XVIII. These guidelines translated the standards of psychiatric programs into a detailed statement which describes the intent of the standard and the way which the compliance with the standard could be documented by the surveyor. One MHCD officer assigned to the Branch did staff work on these guidelines in determining their implication for quality of service. He later participated in team visits to mental hospitals planned to discuss the clarity and realism of the guidelines. Other field visits were planned to gain information on the changes in mental health service programs that had occurred because of the availability of health insurance benefits.

6. *Supervision.* Supervision is provided by the Branch Chief. In addition, consultation is available from other staff members in the Division and from special consultants to the Branch.

7. *Time Distribution.* Approximately 30-40 days a year are devoted to consultation and

field visits, including regional office visits and regional meetings. Duties in Rockville include office and telephone consultation, participation in intraagency and intradepartmental task forces and study groups, and development of position papers and memoranda about results of field studies and policy and program questions. There is opportunity to pursue special studies of utilization and distribution of mental health resources and of insurance coverage of mental health services.

8. *Present Staffing.* The current staff consists of the Branch Chief, a mental health nurse consultant, two social work consultants, and a mental health administrator. Special consultants to the Branch include a panel of experts in psychiatry, psychiatric nursing, social work, clinical psychology, and administration who collaborate with Branch staff in special studies, consultation, and surveys.

9. *Facilities and Community.* Most NIMH administrative and extramural programs are located in the Parklawn Building. The staff live in the Maryland suburbs, Virginia suburbs, and the District of Columbia.

10. *Contact.* For additional information, contact Chief, Mental Health Care and Services Financing Branch, National Institute of Mental Health, Rockville, Maryland 20852. Telephone: 301-443-3656.

*Grant
Activities
Consultation
Administration
Program
Development*

**Mental Health Services Development Branch
Division of
Mental Health Service Programs, NIMH
Rockville, Maryland**

*Psychiatric
Consultant*

1. *Organizational and Physical Location.* This position is with the Mental Health Services Development Branch, Division of Mental Health Service Programs. Offices are located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland.

2. *Objectives.* The primary objective of the Branch is to implement research and development activities which will result in the development of and improvement in mental health services and the systems by which these services are delivered. This R&D concept embraces a three-phase process: the determination of needs, gaps, and problems in the delivery of mental health services; the development of solutions through research; and the fostering of diffusion and adoption of solutions.

3. *Duties.* In order to allow Branch staff full responsibility for major topics of concern, Branch functions have been divided into program areas. Programs are implemented through a variety of grant mechanisms, consultation and technical assistance, and through intraagency and interagency coordination.

One of these program areas—Emerging Critical Needs—reflects a new emphasis which has been assigned a high priority by the Branch. A particularly challenging area, it will exploit, in the positive sense, the freshness of training and interest of an MHCD careerist. At the same time it will provide opportunities for professional growth through exposure to the “growing” edge of his field—through involvement with a wide variety of mental health workers and ongoing endeavors, through contact with new techniques in field research and program development, and through participation in all phases of Branch activity.

4. *Examples of Program Activity.* The Emerging Critical Needs program area en-

compasses responsibility for three general areas:

(a) Searching out and identifying critical needs in the delivery of mental health contributions. A strategy to achieve this objective will involve the employment of “futures” techniques. This may include formal procedures (Delphic predictions and scenario writing, for example) or visiting key personnel and agencies, systematic inquiries through conference attendance, surveys and site visits, reading, and continuous followup efforts.

(b) Developing time-limited programs to service the needs of special groups or problem topics. The strategy may include serving as an advocate of attention to a new area so that another component of the Institute will become interested in mounting a specific program; collaborating with other program areas within the Branch; serving on special task forces; or actually establishing an R&D program to service the group or topic. Methods of conducting R&D activities will be developed through staff development and participation with other staff.

(c) Contributing to staff development through information on new technical aspects in the delivery of mental health contributions. The strategy will include deliberate familiarization with a new development (clinical use of the telephone, for example) and formal presentations to staff, or may include inviting distinguished lecturers, arranging field demonstration meetings, etc.

5. *Supervision.* The MHCD careerist reports directly to the Branch Chief, who provides general guidance in terms of finding strategies to achieve his goals.

6. *Present Staffing.* The varied disciplines represented among the Branch staff include

psychiatry, psychology, nursing, economics, social work, and public health. In addition, staff have expertise and interest in special areas, e.g., community, child, rural, and occupational mental health, organizational and social change, systems research, human resources in mental health, research utilization, financing of mental health services, etc.

MHCD personnel have in the past worked in a variety of Branch activities. To illustrate, an MHCD staff member participated actively in a study of administrative arrangements within community mental health centers, with particular emphasis on the assessment of the relationships between administration and continuity of care. In keeping with the Institute's current emphasis on the area of child mental health, the newest MHCD staff member is a child psychiatrist.

7. *Facilities and Community.* The Parklawn

Building in Rockville, Maryland, is located in the midst of a suburban area of Washington, D.C.

8. *Other Opportunities.* Opportunities for travel, attendance at professional meetings, lectures, and other related professional activities are available, with the extent dependent upon the individual's interests and availability of time, and budget resources.

9. *Further Information.* Additional information may be obtained from:

Howard R. Davis, Ph.D.

Chief, Mental Health Services

Development Branch

Division of Mental Health Service

Programs, NIMH

Parklawn Building, Room 11-105

5600 Fishers Lane

Rockville, Maryland 20852

Telephone: 301-443-3626

*Community
Mental Health
Clinical
Psychotherapy
Drug Therapy*

**Center for Studies of Metropolitan
and Regional Mental Health Problems
Division of
Mental Health Service Programs, NIMH
Rockville, Maryland**

Psychiatrist

The program being described is the Center for Studies of Metropolitan Problems within the Division of Special Mental Health Programs of the National Institute of Mental Health. The program is located in the NIMH office headquarters in the Parklawn Building, Rockville, Maryland.

The Center came into existence with the reorganization of NIMH on July 1, 1966. Its major objectives are both to coordinate all of NIMH's activities in the area of metropolitan problems and to support research and training activities on an extramural grant basis and an intramural staff basis. The Center has a broad scope, not only being concerned with the provision of mental health services in metropolitan areas, but also with mental health related problems such as race relations, urban decay, housing, and poverty.

This is obviously not a clinical assignment, although much of the activity of the careerist in this setting will take the form of consultation. The opportunities for clinical work in the area are, of course vast, with several Public Health facilities requiring clinical psychiatric activity nearby. Facilities include the Outpatient Department of the PHS; the Employee Health Service of NIH; and the Mental Health Study Center in Adelphi, Maryland. These and other clinical opportunities provide a broad range of choice for any kind and combination of clinical activities, including psychotherapy, drug therapy, short term treatment, consultation, and social systems interventions.

Because of the breadth of activities in the Center it is not possible in this limited space to give any representative examples but they include such things as helping a research grant applicant prepare his application, consulting with a new-town developer in the planning of social institutions, attending site visits with review committee members, and

advising a commission investigating the causes of riots.

Administrative supervision and professional direction for the careerist in this Center is provided by the Chief of the Center and the Director of the Division of Special Mental Health Programs. Obviously, consultation is available and accessible within the entire system of NIMH.

No specific duties or activities for a careerist in this position have yet been delimited. The staff of the Center functions as a rather cohesive unit providing an individual with a maximum amount of freedom of choice in determination of his particular role.

A good deal of time is spent in attending conferences and meetings, in writing reports, and in providing consultation, but again, there is a maximum amount of flexibility in the assignment of various functions. Some travel is required, but at this time the travel is generally optional and not excessive.

The staff of the Center includes professionals in social work, city planning, the social sciences, and systems analysis.

There are rich opportunities for postgraduate education in many fields at several nearby universities. There are constant professional gatherings within the Washington area, many of them quite germane to the interests of the Center, and there is an ongoing opportunity for attending professional meetings in every section of the country.

The Center will provide a stimulating and challenging environment for a careerist who has a social or ecological perspective on mental health, a tolerance for nonstructured activity, and a capacity for alliances with other disciplines. There is ample opportunity for gaining familiarity with the Institute's grant programs as well as with the many areas of research, training, and services as they bear upon the urban condition.

For further information please contact
Dr. Elliot Liebow, Chief, Center for Studies
of Metropolitan Problems, Division of Special
Mental Health Programs, National Institute

of Mental Health, Parklawn Building, 5600
Fishers Lane, Rockville, Maryland 20852.
Telephone: 301-443-3373.

*Community
Mental Health
Social Psychiatry
Preventive
Mental Health
Children
Adolescents*

**Mental Health Study Center
Division of
Mental Health Service Programs, NIMH
Adelphi, Maryland**

*Psychiatrist
Psychologist
Psychiatric
Social Worker
Mental Health
Nurse*

The Mental Health Study Center, a branch of the Division of Mental Health Service Programs, is a community-based laboratory which, for 20 years, has been involved in the demonstration of innovative community mental health services, studies and new directions for training in Prince Georges County. Its goal is the concrete investigation of how community mental health services can be developed in an optimum level within large and small communities. There are opportunities for fulfilling a variety of professional roles in the mental health area covering diagnosis and treatment, research, consultation, education, and professional and paraprofessional training.

The Study Center addresses itself to a variety of different community problems simultaneously and selects priorities in terms of their relevance to national programs. Through its concrete effort to deal with community problems related to children, schools, emergency short term treatment services, housing, racism, poverty, neighborhood stress, law and order, drugs, and other community issues, it attempts to develop programs of national importance which can be useful to other communities. The staff of the Center is continually involved in reviewing its efforts and evaluating its effectiveness.

Currently, an administrative decision has been reached to make the central dominant program focus of the Center "crisis intervention." The staff, therefore, wishes to make this focus meaningful by presenting a program for the Center related to this central theme.

The Study Center comprises an entire floor in a suburban shopping center in Adelphi, Maryland, a suburb of Washington, D.C. Center activities are carried out within its own building and throughout Prince Georges

County in collaboration with other agencies such as the public schools, public health department, juvenile courts, etc. The facility includes observation rooms and audiovisual equipment.

Current staff includes professionals of a variety of disciplines, including psychiatrists, child psychiatrists, clinical and research psychologists, psychiatric social workers, anthropologists, sociologists, a sociologist-demographer, and a mental health nurse. The former Chief, Dr. Samuel Dubin, joined the staff of the Study Center following his MHCD experience years in July, 1966. Dr. Sam Silbergeld, a research psychiatrist, joined the staff in July, 1970, following his MHCD experience years. Dr. Roger Lauer and Dr. Spencer Ward are two other MHCD Associates at the Study Center.

The current staffing pattern revolves around community projects and a variety of multidisciplinary work-discussion groups. Special attention is given to the proper project design and the building of an appropriate evaluation. The focus is on individuals in the context of their families or relevant social institutions.

Some examples of program activities include:

A careerist who is interested in the mental health of young children and their families.

He could spend time in the Prince Georges County Department of Infant and Maternal Health working with the staff of Prenatal and Well-Baby Clinics, in the identification and treatment of parents and babies with mental health problems, in the development of mental health education in regard to parent roles and early child care, and in the sensitizing of the members of the health team to the mental health problems of their clients.

He could offer mental health consultation and conduct workshops for physicians in the county who have a heavy practice of young families.

Through a liaison with the Prince Georges County Health Department Foster Care Coordinator, he might study the mental health problems and needs of children, parents, and staff in daycare centers in the county. He could attach himself to a very interesting research project conducted by the Board of Education regarding the training of low-income parents to provide experiences which will increase the readiness of their children for school.

He might work with social service workers, foster parents, and children in foster care, treating the children and training social workers and foster parents in the management of reactive emotional disturbances so often found in foster children.

In the process, he would learn how to utilize demographic, epidemiological and anthropological data in assessing the needs of this age group. He could obtain assistance, if necessary, in learning the processes of program development, and the methods of consultation, mental health education and the use of small groups and milieus in treatment. Consultation is available on design for the evaluation of his programs.

A careerist who is interested in the problems of adolescence and in working with the school system .

The Mental Health Study Center has excellent relationships with the Prince Georges County School System and can provide access for the careerist at all levels.

Members of the staff have provided consultation to principals and administrative staffs of secondary schools, have engaged in the training of teachers on crisis management, development and problems of adolescents, on the dynamics of the classroom, etc. They have worked with special personnel in the evaluation and treatment of emotionally disturbed youngsters, and have developed classes for students on human growth and development. They have engaged in programs for the prevention and treatment of drug addiction with school staffs, parents, police, and students. They have participated in school

community planning groups in the creation of school climates which promote sound development, involvement, and learning. They have participated in programs for PTA's related to mental health and the management of emotional problems. They have also participated in the mental health support of work-training programs.

It is possible for careerists to work on the problems and needs of adolescents at the neighborhood level, making connections with community groups and caregivers who relate to the adolescent.

A MHCD careerist could attach himself to the local Teenage Hotline helping to train the students who man the Hotline, studying the problems which are encountered, assisting in the management of crises, and developing needed services.

A careerist who is interested in community conflict and the environment.

There are possibilities for MHCD careerists to work with the school system on inter-group relations or to attach themselves to a committee in the Mental Health Association, which is bringing race and class groups together in a variety of ways, and trying to improve police-community relations and to deal with residents' emotional and social problems where they live in subdevelopments and apartments. There are opportunities to work with a model cities program, with the problems of the rural poor, or the problems and needs of Appalachians in suburbia.

A careerist who is interested in community program development and administration.

The possibility exists for an MHCD careerist to work with the Chief, Mental Health Study Center, and other staff members in various aspects of community program development. This would include participation in administrative planning meetings, community liaison, negotiation and consultation, as well as participation in the monitoring of the program as it develops. Opportunities exist for this type of assignment with regard to special population groups, e.g., ghetto populations, youth groups, rural suburban, as well as specific agencies such as the public schools, juvenile and correctional facilities, public health departments, public welfare, etc.

A careerist who is interested in a combined assignment.

The Study Center has offered unique opportunities for assignments combining community work, including direct and indirect clinical service, with participation in the administration of the national NIMH program.

The Washington metropolitan area includes a variety of universities, the Washington School of Psychiatry, and two psychoanalytic institutes which offer unusually rich opportunities for professional postgraduate

education. All staff are encouraged to attend at least one national meeting of their choice per year.

Possibilities also exist for split assignments, where this is advisable for individual careerists. Part of their time may be devoted to some aspect of the national program at NIMH headquarters.

For further information please contact Dr. Beryce MacLennan, Acting Chief, Mental Health Study Center, 2340 University Boulevard, East, Adelphi, Maryland 20783. Telephone: 301-422-8811.

*Preventive
Mental Health
Children
Adolescents
College Students*

**Center for Studies of Child
and Family Mental Health
Division of
Special Mental Health Programs, NIMH
Rockville, Maryland**

*Child
Psychiatrist*

The Center for Studies of Child and Family Mental Health, located in the Division of Special Mental Health Programs, is a coordinating unit for the whole National Institute of Mental Health program in this subject area. Primarily, we consult with researchers, program directors, and training faculties in universities, other institutions, and community agencies. Within the Institute, we coordinate the many areas in which there are expenditures for children: applied and basic research, therapeutic innovations and refinements, mental health centers development, hospital improvement programs, and training. Most important is the function of program development for the Institute, which entails an awareness of current practices, gaps in knowledge and in research utilization and an effort to stimulate needed work to fill these gaps. Teaching and research opportunities exist at Saint Elizabeths Hospital.

MHCD officers are entitled to two-fifths time affiliations in clinical settings, e.g., the PHS Outpatient Clinic, Baker's Dozen Youth Center of Howard University, Children's Hospital of the District of Columbia, or Saint Elizabeths Hospital.

One example of specific staff activity is that of liaison between grant applicant and review committee (composed of nongovernmental experts). In this role the staff member learns a great deal about research and evaluation, at the same time he keeps abreast of the state of knowledge in a wide variety of fields relating to child and family psychiatry.

A second important facet of the program is the opportunity for staff members to develop one or more areas of special interest so that they become expert consultants. They have the unique opportunity to draw upon excellent NIMH resources and to visit programs in various areas of the country to learn

firsthand about scholarly and grass roots activity. Current areas of special center interest are: early child care education, child mental health services, the family, sex education and family planning, primary prevention, school mental health, and student and youth affairs. Institute and outside speakers are invited to embellish a regularly scheduled discussion of basic and current issues.

The duties of the position indicated above involve considerable consultation with researchers, practitioners, faculty, and administrators—some who visit us and some who are visited; some by telephone, and many by letter. There are research and mental health applications to be read and commented on, staff meetings, review committee meetings, site visits, outside seminars, and conferences. The unit functions are an integrated team of individuals who have special interests, but who also arrange to cover all the essential facets of the program.

Staff members can expect to travel ten to fifteen percent of the time or less depending on program needs. As indicated, there is an opportunity for clinical assignment and teaching activities.

Staff background. The current staff consists of one child psychiatrist, one clinical psychologist, two research associates, one social worker, two social scientists, and two research psychologists.

The program is located in the Parklawn Building, 5600 Fishers Lane in Rockville, within easy commuting distance of NIH and the National Library of Medicine, and 25 minutes drive from the Department of Health, Education, and Welfare. There are opportunities for postgraduate education in the Washington metropolitan area including the Washington School of Psychiatry and several approved residency programs in child psychiatry.

We do not require that the MHCD officer

has completed training in child psychiatry.
For further information contact:
Dr. Edwin J. Nichols
Chief, Center for Studies of Child and
Family Mental Health

National Institute of Mental Health
Parklawn Building
5600 Fishers Lane,
Rockville, Maryland 20852
Telephone: 301-443-3556.

*Crime
Delinquency
Community
Mental Health
Program
Development*

**Center for Study of Crime and Delinquency
Division of
Special Mental Health Programs, NIMH
Rockville, Maryland**

Psychiatrist

1. *Organizational and Physical Location.* The position is with the Center for Studies of Crime and Delinquency in the Division of Special Mental Health Programs of NIMH.

2. *Objectives.* The Crime and Delinquency Center has responsibility for the program areas of delinquency, crime, corrections, law and mental health, and individual violence. Center activities are directed toward meeting the need for better definition of the phenomena of crime and delinquency; the development of personnel for the many program areas; the more effective communication of new knowledge to enhance the process of program development; and the need for information to enable decisionmakers to deal more rationally with program development issues and promote more efficient attainment of program goals.

Program development efforts of the Center include: basic research on the causes and nature of crime and delinquency; the development and better coordination of community resources directed at delinquency prevention and control; the increasing search for and utilization of community-based treatment and rehabilitative programs as suitable alternatives to incarceration; the development of newer models for the training of professional and nonprofessional mental health, correctional, and related personnel; the provision of more effective services and the improvement of facilities for mental disorders offenders, as well as research into related issues of law and mental health; the development of research in the area of individual violent behavior; the development of more effective strategies for the dissemination and utilization of significant research findings; and the communication of new knowledge through publications, conferences, and direct consultation with States and local communities.

3. *Duties.* (1) A general orientation and

training program would be provided addressing the diversity of conceptual, theoretical, research, training, and service implications of the above program areas. (2) The MHCD careerist would be involved in a wide range of consultative activities in development of basic and applied research and training projects in the broad areas of delinquency, crime, corrections, law and mental health, and individual violence. Since the consultation centers primarily around research proposals and ongoing projects, such efforts would be provided in conjunction with the senior research staff of the Center. Periodic trips would also be made, based upon the careerist's interests and relevant training opportunities.

4. *Clinical Experience or Opportunities.* Arrangements could be made with the John Howard Pavilion Service (maximum security division) of Saint Elizabeths Hospital in Washington, D.C., to provide a field placement involving a variety of diagnostic, treatment and related services in forensic and legal psychiatry. This placement would provide clinical experience and exposure to the courtroom role of the psychiatrist relative to a number of legal and mental health issues.

5. *Examples of Program Activity.* Program activity for a MHCD Careerist with the Center for Studies of Crime and Delinquency would involve consultation trips to work with individuals and agencies in regard to the research implications of various service programs and to provide assistance in the development of new and more effective programs and projects. Two such projects developed through consultation efforts are the "Pre-Trial Diversion of Mentally Ill Offenders," and a study of "The Juvenile Offender and the Law."

6. *Supervision.* In regard to activities within the Center itself, overall supervision would be provided by the Center Chief. Such supervision would be relative to a broad con-

ceptual, theoretical, and research orientation to the program areas addressed by the Center, and to the various consultative efforts.

7. *Time Distribution.* Several hours a week would be devoted to participation in various conferences, staff meetings, and general orientation sessions. The remaining time would be spent on various assignments involving review of the literature, writing papers and reports in regard to certain program areas, consulting with researchers on various projects, etc.

Placement at the John Howard Pavilion Service would involve clinical diagnostic and some treatment activities, attendance at staff training conferences, and also some involvement in court testimony. Such placement could be arranged for two or three days a week as worked out with the MHCD Officer.

8. *Present Staffing.* The staff of the Center for Studies of Crime and Delinquency currently consists of a Center Chief (psychologist), a Deputy Chief (sociologist), an Executive Secretary of Crime and Delin-

quency Review Committee (psychologist), a staff sociologist, staff worker, and several clerical personnel.

9. *Facilities and Community.* The program is located in the Parklawn Building, Rockville, Maryland, within easy commuting distance of NIH, the National Library of Medicine, and the Department of Health, Education, and Welfare.

10. *Other Opportunities.* There are a number of opportunities for postgraduate education within the Washington metropolitan area. In addition to the Washington School of Psychiatry, four universities are located in the District of Columbia, and a fifth is just across the District line in Maryland.

11. *Further Information.* Contact Dr. Saleem A. Shah, Chief, Center for Studies of Crime and Delinquency, Division of Special Mental Health Programs, National Institute of Mental Health, Parklawn Bldg., 5600 Fishers Lane, Rockville, Md. 20852. Telephone: 301-443-3728.

Suicidology
Preventive
Mental Health
Community
Mental Health
Psychotherapy

Section on Crisis Intervention and Suicide Studies
Division of
Special Mental Health Programs, NIMH
Rockville, Maryland

Psychiatrist
Psychologist
Psychiatric
Social Worker

1. *Organizational and Physical Location.* This position is in the Section on Crisis Intervention and Suicide Studies, Division of Special Mental Health Programs. Offices are located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

2. *Objectives.* To stimulate and encourage research and training grants from nonprofit institutions and provide consultation of professionals in this field. This field encompasses all aspects of self-destructive behavior, death, dying and bereavement, and some psychological and neuro-physiological aspects of depression. A new specialized curriculum for use in mental health professions is being developed currently by the Section for use in medical schools and graduate departments throughout the country.

3. *Duties.* The MHCD staff member is free to pursue his own interests in keeping with the broad objectives and goals of the Section. He may participate in research work, individually or collaboratively. He is likely to engage in site visits, to assist grant applicants, and provide general consultation.

4. *Clinical Experience or Opportunities.* The MHCD officers may pursue clinical cases at St. Elizabeths Hospital in Washington, D.C., primarily through the Suicide Studies Unit in the Dorothea Dix Building. An intramural program of research and treatment has been established there. Psychological and psychiatric studies, family interaction procedures, various treatment methods, biochemical studies, and sleep and dream studies are being undertaken. While this MHCD officer position is focused largely toward a psychiatrist, it is possible, under certain circumstances, that such a position could be filled by a psychologist or social worker oriented toward clinical research.

5. *Examples of Program Activity.* The chief focus of the Section has shifted into develop-

ing new and innovative programs and training procedures for mental health workers at all levels. The number of crisis intervention and suicide prevention centers has increased markedly so that it is no longer a primary mission of the Section to encourage an increase in the number of these centers. The Community Mental Health Center program is the recommended avenue of affiliation and development of such centers. The staff provides workshops and consultation to help nourish these efforts.

6. *Supervision.* Supervision is provided by the Center Chief and assistant chief, with other staff members assigned appropriate supervisory responsibilities. Additional consultants come to the Section to offer the opportunity for further professional development. There is a Fellowship Training Program at Saint Elizabeths Hospital where some 12 to 16 Fellows are accepted annually on a full-time or part-time basis. Training here is designed to develop experts in the field of suicide prevention and crisis intervention in four areas: clinical and treatment activities, community organization, training and education, and research.

7. *Time Distribution.* It is possible that some 20 to 25 days a year might be devoted to site visits and consultations in the field. This would include national and regional meetings and workshops. Individual's chief responsibilities out of the Parklawn office would include correspondence, assistance in administering grants, liaison with regional offices, and some teaching responsibility in the Fellowship program at Saint Elizabeths Hospital.

8. *Present Staffing.* The current staff consists of a Section Chief, M.D. psychiatrist; an assistant chief, Ph.D. clinical psychologist; a Ph. D. psychologist staff consultant functioning in the area of research develop-

ment; a pastoral psychologist with experience in public health and developing programs in training and education; a community organization specialist; a research social worker as executive secretary; a grants management clerk; a nurse in charge of public information; and three secretaries.

9. *Facilities and Community.* Most NIMH administrative and extramural program offices are located in the Parklawn Building. Other staff members work in the Suicides Unit at Saint Elizabeths Hospital in Washington, D.C. Staff members live in the Wash-

ington metropolitan area and suburban Maryland and Virginia.

10. *Other Opportunities.* There is a possibility that MHCD officers may participate in some postgraduate courses in the Washington, D.C. area.

11. *Contact.* For additional information contact H. L. P. Resnik, M.D., Chief of the Section on Crisis Intervention and Suicide Studies, National Institute of Mental Health, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852. Telephone: 301-443-3553.

*Aging
Research
Consultation
Preventive
Mental Health*

**Section on Mental Health of the Aging
Division of
Special Mental Health Programs, NIMH
Rockville, Maryland**

Psychiatrist

The Section on Mental Health of the Aging, located in the Division of Special Mental Health Programs, serves as a focal point for all of the Institute's activities in the field of aging and coordinates the efforts of the various Divisions which have relevance to aging. Four general areas of functioning can be distinguished:

Program Development. The Section works actively with national, regional, State, and local agencies and organizations to develop programs aimed at enhancing the mental health of the elderly. These programs are both preventive and therapeutic in nature and involve the application of psychiatric, psychological, and social approaches to the problems encountered in later life.

The Section is also responsible for program development in the field of aging within the NIMH. The Section is responsible for keeping abreast of the latest developments in mental health and gerontology and in recommending the steps the Institute should take to fill gaps in knowledge and services and to implement more effective programs for the elderly.

Research. The Institute supports a broad spectrum of research of both a basic and applied nature directed specifically toward the mental health of the aging. In addition, the Section coordinates research being performed in other branches of the Institute which are relevant to the field of aging, including studies in psychopharmacology, neurophysiology, clinical research, etc. Staff of the Section provide consultation to prospective investigators in the development of research applications, participate in the review of these proposals, and carry staff responsibility for those which are approved and funded. Relationships are maintained with researchers throughout the country in universities, hospitals, social agencies, and institutions for the aged.

Mental Health Services. The programs sup-

ported by the Division of Mental Health Service Programs are of great importance to the aging. Staff of the Section provide consultation to these programs and are involved in the development, review, and continuing observation of service programs in mental health centers and in the Hospital Improvement Grants program. An attempt is made to utilize research findings in the development of more effective means for the delivery of mental health services to the aged.

Training. The Section attempts to stimulate development of trained mental health personnel by providing consultation to universities, residency training programs, professional organizations, schools of nursing, and social agencies. This includes an effort to interest mental health professionals in the problems of the aging as well as to stimulate interest in mental health on the part of those working with the aging.

The MHCD psychiatrist can participate in all of the foregoing activities depending upon his interests and objectives. Opportunities to interact with many of the outstanding authorities in the field of geriatric psychiatry are available and the incumbent is encouraged to develop a particular area which he wishes to pursue and which will further his development. Recent members of the staff have engaged in collaborative work with outside investigators resulting in the publication of a volume on normal aging, papers on depression, and the active development of staff relationships in a home for the aging.

Opportunities for clinical experience are also available. These have included serving as a consultant to a protective services project, supervision of first-year residents at Saint Elizabeths Hospital, and serving as a psychiatric consultant at a home for the aging. Technical psychiatric supervision is provided by an outstanding figure in the field of geriatric psychiatry who serves as psychiatric consultant to the Section.

The current staff of the Section consists of the Section Chief (Ph.D., clinical psychologist), a psychiatric social worker, a psychiatrist, and appropriate secretarial staff.

For further information on the aging program, please contact:

Thomas E. Anderson, Ph.D., Chief
Section on Mental Health of the Aging
Division of Special Mental Health
Program, NIMH
Parklawn Building, Room 12-102
5600 Fishers Lane
Rockville, Md. 20852
Telephone: 301-443-3735

*Alcoholism
Research
Family Therapy
Clinical*

**National Institute on Alcohol Abuse
and Alcoholism, NIMH
Rockville, Maryland**

*Research
Psychiatrist*

1. Organizational and Physical Location. Two positions are available in the National Institute on Alcohol Abuse and Alcoholism, a part of the National Institute of Mental Health. Central offices are located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852; however, officers will spend approximately 60 percent of their time in the National Institute on Alcohol Abuse and Alcoholism clinical research facility located at Saint Elizabeths Hospital, Washington, D.C.

2. Objectives. The National Institute on Alcohol Abuse and Alcoholism was established within the National Institute of Mental Health in 1970 to administer broad programs of research, training, development of services, and public education in this problem area. The ultimate objective is to reduce alcohol abuse, alcoholism, and related problems in the United States. Toward this goal, the NIAAA helps make available treatment and rehabilitation services to the nation's estimated nine million alcoholics and problem drinkers by mobilizing existing resources at the Federal, State, and community levels and by supporting the development of a broad range of community alcoholism treatment and rehabilitation programs. To encourage more effective means of preventing alcohol problems, the NIAAA also develops educational programs designed to modify attitudes about alcohol use and misuse. Special program emphasis is given to individual target audiences with particular alcohol-related problems. These include drinking drivers, alcoholic employees, American Indians, and public drunkenness offenders.

3. Duties. An officer may participate in any aspect of the program which is pertinent to his overall professional plans and the broad objectives of the NIAAA. He may participate in site visits, and assist other staff members in consultation with applicants regarding research, training, and service grant proposals.

4. Clinical Experience or Opportunities. The clinical research unit of the NIAAA provides officers with the opportunity to gain clinical research experience with alcoholic subjects and to learn techniques and methods derived from clinical psychiatry, experimental psychology, clinical neurophysiology, and psychopharmacology.

5. Examples of Program Activity. Officers will participate in both extramural and intramural research areas. The extramural research program, which is carried out by all relevant disciplines, seeks to answer a range of questions about the nature of alcoholism. In this program, officers will help in the development of grant applications in such areas as biological, physiological, neurological, and pharmacological studies on the impact of alcohol abuse at the level of the cell; psychiatric and psychological studies of the effect of alcoholism on interpersonal relations; and sociological, anthropological, and epidemiological studies of the impact of alcoholic beverages at the levels of social functioning.

The intramural research program is directed toward clarifying the nature of the addictive process in alcoholism. The basic biological, behavioral, and biochemical correlates of alcoholism are being analyzed in experimental animals and in man. Officers will participate in clinical studies presently being conducted in this area to improve the diagnosis and treatment of alcoholism.

6. Supervision. General supervision will be provided by the Director of the NIAAA, who is certified in psychiatry by the American Board of Psychiatry and Neurology.

7. Time Distribution. Officers will spend approximately 60 percent of their time in clinical research and practice and approximately 40 percent in activities related to the extramural programs of the NIAAA. Work in the extramural programs should provide officers with a wide range of experience in biological, psychological, and social science areas related to alcoholism.

8. *Present Staffing.* Since the programs of the NIAAA reflect a multidisciplinary approach to the problems of alcohol abuse and alcoholism, the staff, representing a variety of professional areas, includes psychiatrists, psychologists, public administrators, social science analysts, education specialists, chemists, biologists, nurses, social workers, health planners, sociologists, and general medical officers.

9. *Facilities and Community.* The program's base is the Parklawn Building, Rockville, Maryland, which is within easy commuting distance of the District of Columbia and the surrounding Maryland and Virginia suburbs. Clinical and basic research facilities are located at Saint Elizabeths Hospital, a general psychiatric facility in Washington, D.C.

10. *Other Opportunities.* MHCD officers may attend professional meetings of their choice,

and may participate in postgraduate courses in the Washington, D.C. area.

11. *Comments.* The recent establishment of the National Institute on Alcohol Abuse and Alcoholism within the NIMH marked the beginning of a major thrust by the Federal Government to find practical, realistic, and more effective ways of dealing with the problems of alcohol abuse and alcoholism. Expanded programs of research, training, development of services, and public education provide the MHCD officer with a unique opportunity to gain experience both in clinical research and program administration in this area.

12. *Further Information.* Contact Dr. Morris E. Chafetz, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, 5600 Fishers Lane, Rockville, Maryland 20852. Telephone: 301-443-3885.

*Drug Abuse and
Addiction
Drug Therapy
Clinical
Research*

**Lexington Clinical Research Center
Division of
Narcotic Addiction and Drug Abuse, NIMH
Lexington, Kentucky**

Psychiatrist

1. *Organizational and Physical Location.* The Clinical Research Center, Lexington, Kentucky, is an operating unit of the Division of Narcotic Addiction and Drug Abuse, National Institute of Mental Health. The Center is located six miles west of Lexington. Lexington is a growing community, with a number of colleges and a burgeoning medical school.

2. *Objectives.* The mission of the Center is to plan and carry out a broad program of studies on management, treatment, rehabilitation, and aftercare of drug dependent persons; serve as a model treatment, training, and demonstration center for professionals and other personnel concerned with problems of drug dependence and abuse; and provide comprehensive psychiatric patient care services. The patient census was 473 as of July 1, 1970; the Center is in the process of a gradual reduction in the number of patients.

Associated with the Center is the Addiction Research Center, which offers opportunities for experience in research on the causes, diagnosis, prevention, and treatment of drug addiction, on the nature of addictive process, and on the addiction liability of new drugs.

3. *Duties and Opportunities*

Clinical Positions. The clinical psychiatrist is a key figure in our therapeutic community units. We have three male units and one female unit; the male units draw patients from different areas of the country. The psychiatrist is assisted by physicians, social workers, psychologists and nursing staff, as well as responsible patient leaders, in diagnosing and determining the treatability of patients in their first 30 days. The treatment emphasis is upon community-group approaches that teach responsibility. Effective treatment is one that employs all members of the community, patients as well as staff; thus there is an opportunity for the psychiatrist to be an edifying leader. The number of patients in each unit is approximately 100; the cus-

tomary length of inpatient care is 6 months, followed by community aftercare.

Board certified psychiatrists provide leadership at the top; inservice training is continuous, with mental health experts invited to speak, and audiovisual aids provided. A dynamic neuroscience course is given to assist in the passing of board examinations.

Research Positions. Unique research opportunities exist; research in drug addiction treatment techniques is feasible at the Clinical Research Center. A number of research projects have been completed, e.g., a study of aversive conditioning.

At the Addiction Research Center more basic research is pursued with an emphasis on psychopharmacology. The research there is one of depth and duration, employing sophisticated research techniques and equipment. Supervision and guidance is provided by highly experienced, recognized medical researchers.

Education and Training Position. This is a new position that promises to become part of a growing department at the Center. This department provides in-service training for staff, vocational and educational classes for patients, and drug education for the public. The demand for these services increases steadily, and is an opportunity for the mental health specialist who sees the compelling need to educate the community. It is also an opportunity to provide teaching leadership to all levels of staff. Supervision is provided by a board certified psychiatrist, highly experienced in community-oriented drug education.

4. *Other Opportunities.* Opportunities are available for participation in the programs of the University of Kentucky Department of Psychiatry; the Student Mental Health Service of the University of Kentucky; and the Central Kentucky Community Mental Health Clinics. There are opportunities to attend professional meetings. The outstand-

ing Professional Library, at the Center, has proven invaluable to those who wish to publish papers.

Lexington is a beautiful community of approximately 150,000, located in the heart of the Bluegrass country. There are many cultural and recreational activities and most individuals find it a very desirable community

in which to live and work. Louisville and Cincinnati are only 90 minutes away via freeways.

For additional information, contact Dr. Harold T. Conrad, Chief, NIMH Clinical Research Center, Lexington, Kentucky 40507. Telephone: 606-255-6812 or FTS number 252-2581.

*Research
Drug Abuse and
Addiction
Teaching*

**Center for Studies of Narcotic
and Drug Abuse
Division of
Narcotic Addiction and Drug Abuse, NIMH
Rockville, Maryland**

*Staff
Psychiatrist*

1. *Organizational and Physical Location.* This position is in the Center for Studies of Narcotic and Drug Abuse, Division of Narcotic Addiction and Drug Abuse. The offices are located in the Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

2. *Objectives.* The objectives of the Center are to develop programs in research, training, prevention, and newer service modalities for treatment, prevention, and control of drug abuse. Basic and applied research into the biological, sociological, and psychological factors associated with this psychiatric problem are a major interest of the Center.

3. *Duties.* The MHCD staff member may participate in any aspect of the program which is pertinent to his overall professional plans. He may sponsor and collaboratively participate in research work under the special grant or contract mechanism. He will assist the other staff members in their consultation with applicants regarding research, training, and service grant proposals.

4. *Clinical Experience or Opportunities.* This is basically an administrative position, but an MHCD officer is given an opportunity to spend two days a week in a clinical or research assignment arranged individually.

5. *Examples of Program Activity.* Center staff have promoted and encouraged research proposals to study the effects on health of the use of marihuana. Center staff have completed an analysis of progress reports resulting from NIMH supported research, and the second annual report to Congress has recently been published. Studies on the chronic use of marihuana are currently underway in India and Greece and are planned for Brazil, Israel, and other countries. Staff members are involved in the initial development of a grant application or contract proposal and in stimulating research interests within interested agencies and universities. Staff mem-

bers continue to participate in the research endeavor through followup site visits and review of progress reports.

6. *Supervision.* Supervision is provided by the Center Chief, and consultation is available from outside specialists as well as other members of the Division of Narcotic Addiction and Drug Abuse.

7. *Time Distribution.* Approximately 30-45 days a year are devoted to site visits and consultation. Additional time is available for attending pertinent national and regional meetings. Duties in Rockville include office consultation, liaison to other agencies, telephone calls, and correspondence and administration of some grants. Teaching and research opportunities may be arranged by the individual in connection with his work.

8. *Present Staffing.* The current staff consists of the Chief of the Center (a research psychologist), nine professionals (3 psychologists, a research sociologist, a pharmacologist, a public health advisor, a social science analyst, a pharmacist, and a medical officer) as well as supportive staff.

9. *Facilities and Community.* Most NIMH administrative and extramural programs are located in the Parklawn Building. The staff lives in suburban Maryland near Washington, D.C.

10. *Other Opportunities.* MCHD officers may participate in some post-graduate courses in the Washington, D.C. area, such as those offered by the Washington School of Psychiatry and Georgetown University's Department of Psychiatry.

11. *Further Information.* For additional information contact Robert C. Petersen, Ph.D., Chief, Center for Studies of Narcotic and Drug Abuse, Division of Narcotic Addiction and Drug Abuse, Parklawn Building, Room 13C-12, 5600 Fishers Lane, Rockville, Md. 20852. Telephone: 301-443-4663.

*Clinical and
Community
Based Practice
Psychotherapy*

**Saint Elizabeths Hospital
Washington, D.C.**

*Psychiatrist
(Clinical and
Community
Psychiatry)*

1. *Organization and Physical Location.* This position is a clinical assignment at Saint Elizabeths Hospital. The Hospital is a Federal psychiatric hospital located organizationally in NIMH and physically in Southeast Washington, D.C. The Superintendent of the Hospital is immediately responsible to the Director of NIMH.

2. *Objectives.* The objectives of the program are (1) to provide for the MHCD officer an experience in comprehensive clinical care in close association with training and research, under professional direction and supervision, (2) to provide broader knowledge in the field of clinical psychiatry, (3) to improve techniques and skills and develop new ones in the ever broadening field of clinical practice.

3. *Duties.* The program entails a full range of duties primarily in the area of patient care and treatment, but is flexible to permit a teaching and research experience. The officer will work directly in a clinical setting which includes intake, acute inpatient, long term intensive treatment and rehabilitation units. His duties will include interviewing, diagnosing, developing, and executing treatment programs and evaluating progress. The officer will also participate in followup care. He will establish liaison with patients' relatives and other persons and community agencies significant to patients' welfare. The officer will be free to make independent judgments commensurate with his training and ability, but will work to a great extent in association with other physicians and mental health professionals.

The duties themselves require a minimal amount of travel, but do not preclude travel to professional meetings in the interest of improving the MHCD officer's skills in clinical practice.

4. *Clinical Experience or Opportunities.* The large patient population of the Hospital affords an extensive and intensive resource for clinical experience. The total patient load of approximately 6,000 (3,400 resident pa-

tients) represents the full spectrum of psychiatric disorders and socioeconomic levels. The patient load, however, is distributed among several clinical units of the Hospital. Thus, the MHCD officer assigned to a particular section will have a patient load which permits adequate time and attention to the respective goals of the patients and officer. Many of the psychiatric disorders will be of a psychotic nature, but the officer will encounter an ever increasing number of patients with neurotic and personality disorders, as the Hospital's program moves closer toward community-based psychiatric care.

Because of the close association among clinical care, research and training, the MHCD officer will have the opportunity to engage in research and/or teaching activities in conjunction with the research and training units as occasions arise.

5. *Examples of Program Activity.* The Hospital is organized so that certain segments provide admission-through-discharge services to certain catchment areas of the District of Columbia. Moreover, the Hospital operates a community mental health center for a specific catchment area of the District of Columbia. There is also a forensic program for examination, treatment and rehabilitation of patients admitted through criminal proceedings.

Other programs which have recently developed are in the area of alcoholic rehabilitation, drug-dependent problems, mental health problems of the deaf, and behavior modification.

6. *Supervision.* Clinical Directors will be responsible for supervision. Also, the MHCD officer will have available the services of consultants and other staff members. The Superintendent and assistant superintendent are also available to give advice.

7. *Time Distribution.* The MHCD officer's major time will be in patient care of which diagnostic and treatment evaluation conferences will be an essential part. Teaching and research opportunities may be arranged

in connection with the officer's clinical program.

A well-stocked professional library on campus, with interlibrary loan procedures with the National Library of Medicine, the Library of Congress, and other libraries in the Washington area, facilitates the officer's reading and writing interests.

Depending upon the officer's interests and inclination, he may assume administrative duties delegated and supervised by the Clinical Director.

8. *Present Staffing.* The Hospital has a staff of approximately 3,700, of which two-thirds are directly involved in services to patients and one-third in support services. Those involved in direct services to patients represent several different disciplines, each discipline headed by a well-qualified director. Among staff psychiatrists, the majority are Board-certified or eligible. Their varied interests include child and adolescent psychiatry, adult psychiatry and geriatric psychiatry, alcoholic rehabilitation, drug dependence, forensic psychiatry, mental deficiency, training and research. The psychiatrist uses his own particular style in pursuing his area of interest.

9. *Facilities and Community.* Saint Eliza-

beths Hospital comprises more than 100 buildings, situated on a 350-acre campus within the Washington metropolitan area. It provides all the clinical facilities and services appropriate to a large general psychiatric hospital.

A limited number of living quarters are available on the Hospital grounds. Most of the staff members, however, live in Washington, D.C., or in nearby Maryland or Virginia. Almost any part of the Washington metropolitan area affords easy access by automobile.

10. *Other Opportunities.* In addition to the facilities and resources at the Saint Elizabeths Hospital campus, other area activities of interest to the psychiatrist are conducted by the Washington School of Psychiatry, the Associated Faculties Program in Community Psychiatry, and local university departments of psychiatry. Scientific meetings of the Washington Psychiatric Society are open to MHCD officers, as also are lectures given by distinguished guests of NIMH and Saint Elizabeths Hospital.

11. *Further Information.* Contact Dr. Luther D. Robinson, Acting Superintendent, Saint Elizabeths Hospital, Washington, D.C. 20032. Telephone: 202-574-7167.

*Clinical
Psychiatry
Teaching
Administration
Research*

**Division of Clinical Training and Research
Saint Elizabeths Hospital
Washington, D.C.**

Psychiatrist

1. *Organizational and Physical Location.* This position is in the Division of Clinical Training and Research, Saint Elizabeths Hospital, Washington, D.C. Since August, 1967, Saint Elizabeths has been a part of the National Institute of Mental Health, PHS. Prior to that time the Hospital functioned as an independent agency of the Department of Health, Education, and Welfare.

2. *Objectives.* The broad objectives of the Division include the operation of more than a dozen fully accredited professional training programs in the mental health field, utilizing the extensive and varied clinical base provided by the Hospital. Approximately 600 stipended trainees (interns and residents) are appointed to these programs each year, and include trainees in psychiatry, clinical psychology, social service, behavioral sciences, recreational therapy, nursing, occupational therapy, hospital chaplaincy, hospital administration, and psychodrama. Additionally, the Division provides a continuing academic and clinical teaching experience for second-year and fourth-year medical students from a local university, frequent short-term training institutes for police, enforcement officers of the FDA, and the U.S. Secret Service; and provides supervised field experience for social workers and other categories of graduate students in the mental health area. The more specific objective of the Psychiatry Training Program is the development, coordination, and implementation of an R-6 Internship and three-year residency program designed to develop basic professional skills through both academic and clinical experience. It is further the objective of the Section to develop psychiatric personnel for later career appointment to the staff of Saint Elizabeths Hospital, other Federal areas, and to community mental health centers.

3. *Duties.* The duties of this position involve the direct supervision of psychiatric interns

and residents, medical students, and other mental health professionals in various selected clinical settings within the Division's sphere of activities.

The officer participates in the planning and coordinating of teaching functions within the Division, and is assigned to one or more administrative committees charged with clinical curriculum development, seminar planning, recruitment, evaluation, etc.

The officer participates in and may, depending upon his interests and qualifications, take responsibility for leading various clinical teaching conferences and academic seminars ranging from the basic sciences and basic clinical psychiatry to community and forensic psychiatry. He may also participate in teaching medical students and various groups of nonmedical trainees. Travel to professional meetings is strongly encouraged, but not required.

4. *Clinical Experience or Opportunities.* Saint Elizabeths Hospital is a 3,550-bed general psychiatric facility which provides a broad spectrum of diagnostic and treatment services for all categories of psychiatric patients. There approximately 3,000 inpatient admissions annually and a comprehensive community mental health center is based at the Hospital, wherein many training activities are conducted. When appropriate, arrangements may also be made for officers to carry out intensive long-term individual or group psychotherapy under supervision of senior consultants. The officer may manage a clinical unit and direct supervision of interns, residents and other trainees on that unit. Ample opportunity is provided for clinical experience in such areas as General, Forensic, Geriatric and Community Psychiatry or Drug Abuse Programs.

5. *Supervision.* In general, supervisory arrangements are worked out on an individual basis with MHCD officers so as to reflect their individual needs and interests.

6. Facilities and Community. Saint Elizabeths Hospital comprises more than 100 buildings situated on 350 acres within Metropolitan Washington, D.C., and provides all the facilities appropriate to a general psychiatric hospital. The research activities of the Hospital are also carried out through the Division of Clinical Training and Research; the programs and laboratories of the Division provide for sections in clinical psychology, medical sociology, operant conditioning, communications research, personality assessment, and criminal behavior. All senior members of the research staff participate in the Hospital's teaching activities. In addition, the Division of Special Mental Health Research Programs, NIMH, is located on the Saint Elizabeths Hospital campus and operates an extensive program of intramural research in the basic mental health sciences. Staff live in Washington, D.C. or in nearby Maryland or Virginia suburbs. Almost any part of the Washington metropolitan area affords easy access to the Hospital by auto.

7. Other Opportunities. In addition to the facilities and resources on the Saint Eliza-

beths Hospital campus, key clinical affiliations are maintained with the George Washington University and Medical School, Mental Health Study Center of NIMH, nursing schools, community mental health centers, and other graduate departments in universities throughout the Nation. Other area activities of special interest to the psychiatrists are conducted by the Washington School of Psychiatry, the Washington Psychiatric Society and a wide variety of other Federal and non-Federal mental health research and training organizations. Scientific meetings of the Washington Psychiatric Society are open to MHCD officers, as also are lectures given by distinguished guests of NIMH and Saint Elizabeths Hospital.

8. Contact. For additional information contact:

Daniel D. Cowell, M.D.
Acting Director, Division of Clinical
Training and Research
Saint Elizabeths Hospital
Washington, D.C. 20032
Telephone: 202-574-7250

*Youth and
Adolescents
Alcoholism
Drug Addiction
Consultation*

**Area D Community Mental Health Center
Saint Elizabeths Hospital
Washington, D.C.**

*Staff
Psychiatrist
Psychiatric
Nurse*

1. Organizational and Physical Location. Positions are located in the Area D Community Mental Health Center and its closely related Special Mental Health Services Unit. The Area D CMHC and Special Mental Health Services Unit are organizational components of Saint Elizabeths Hospital in Washington, D.C. The Hospital is a part of the National Institute of Mental Health.

2. Objectives. The Community Mental Health Center operates a model comprehensive community mental health program for residents of Health Area D in Washington, D.C. There are approximately 167,000 residents of Area D which is located in the Southern part of Washington. Also, the Center conducts research and provides a setting for continued research, evaluation and demonstration; develops and tests new approaches to community services; provides inservice training for staff and participates in training programs in community mental health. The Special Mental Health Services Unit operates alcoholism, children, adolescents, and drug-free rehabilitation programs, as well as a suicidology studies program.

3. Duties. The programs allow for the MHCD officer to choose from a full range of duties in the areas of inpatient services, outpatient care, emergency services, partial hospitalization, children and adolescent services, alcoholism rehabilitation, narcotics addiction treatment, and mental health consultation, such as with school teachers, etc. There is also opportunity to participate in training and research activities. Time is available to attend professional meetings, conferences and make pertinent site visits.

4. Examples of Program Activity.

A. Psychiatrist. The CMHC felt the need to establish an adolescent day care unit. The MHCD psychiatrist participates in the development of the program and is currently coordinating and supervising its activities. The program admits

outpatients as well as inpatients, all residents of Area D.

B. Psychiatric Nurse. The MHCD nurse, in addition to carrying her own patient case load, provides direct service consultation to various schools in Area D, public health nurses, and other agencies.

5. Supervision. Supervision may be provided by the Director, Associate Directors, and team leaders. Specialized consultants may also be available.

6. Present Staffing. The CMHC and its related SMHSU have over 200 permanent employees. This permanent staff is augmented by full-time and part-time support personnel from occupational therapy, recreational therapy, music therapy, chaplains, consultants, and teachers. There is also a varying number of interns (medical and psychology), residents, social workers, and medical and nursing students. During FY '71, there were two MHCD officers on the staff: a psychiatrist and a psychiatric nurse.

7. Facilities and Community. The CMHC-SMHSU is located in Dix Building and Holly House on the grounds of Saint Elizabeths Hospital. However, there are five satellite centers located throughout the catchment area where staff also provide mental health services. The staff lives in Washington, as well as conveniently located suburban Maryland and Virginia.

8. Other Opportunities. MHCD officers may participate in postgraduate courses offered by the Washington School of Psychiatry and the Departments of Psychiatry at Georgetown University, Hillcrest Children's Center, Howard University, and the George Washington University.

9. Further Information. For additional information, please contact Dr. Roger Peele, Director, or Bernard Rabunsky, Administrative Officer, Area D Community Mental Health Center, Saint Elizabeths Hospital, Washington, D.C. 20032. Telephone: 202-574-7083.

*Teaching
Experience—*

Psychiatric Nursing

Course:

1) Diploma

Program Affiliation

2) Inservice

Education Program

Overholser Division of Training and Research

Saint Elizabeths Hospital

Washington, D.C.

*Psychiatric
Nurse*

1. Organizational and Physical Location:

This position is located in the Nursing Education Section, Overholser Division of Training and Research, Saint Elizabeths Hospital, Washington, D.C. Saint Elizabeths Hospital is a part of the National Institute of Mental Health, Public Health Service.

2. Objectives: The purposes for this experience for the MHCD Nurse Careerist are: (1) to provide a supervised practice experience in teaching in a 10-week psychiatric nursing course offered to students enrolled in a diploma school in nursing, (2) to participate in teaching in an established, ongoing inservice training program for nursing personnel, i.e., nursing assistants and staff nurses, (3) to gain knowledge and experience in curriculum and the development of teaching skills.

3. Duties. The careerist's assignment to either of the described programs provides for full participation in the teaching program. The nurse is actively involved in all aspects of curriculum work, such as assignment to standing committees and ad hoc curricula committees, clinical and classroom teaching, planning clinical laboratory experiences for students, testing, and evaluation.

The careerist is expected to make independent decisions in keeping with her academic preparation and simultaneously work with other mental health professionals in maintaining professional standards.

The careerist may obtain experience in either one or both of the existing programs, i.e., the diploma nursing program and the inservice educational program for nursing staff. Should the careerist desire experience in both programs, the assignment to one will precede the assignment to the other.

4. Clinical Experience or Opportunities. Saint Elizabeths Hospital is a Federal hospital, under the auspices of the National In-

stitute of Mental Health of the Department of Health, Education and Welfare. All the clinical facilities and services appropriate to a large general psychiatric hospital are provided. Saint Elizabeths Hospital, with a 3,500 bed capacity, has a broad spectrum of diagnostic and treatment services for all categories of psychiatric patients. Careerists may, when appropriate, conduct individual and/or group psychotherapy under supervision.

Educational opportunities provided for all interdisciplinary personnel are made available, such as attendance at guest lectures, clinical conferences, etc.

Opportunity is also provided for clinical experience in general psychiatry and also in specialized areas, such as forensic, community and geriatric psychiatry, or the program for the deaf or drug abuse program.

5. Supervision. Supervision will be provided by a supervisory instructor and designated appropriate staff.

6. Facilities and Community. Saint Elizabeths Hospital, located in Southeast Washington, D.C., comprises 100 buildings on 350 acres.

A few staff members live on the grounds; however, most live in Washington, D.C., nearby Virginia or Maryland. Almost any part of the Washington area affords easy access by automobile.

7. Other Opportunities. In addition to those at the hospital, a number of local universities and other agencies offer courses, workshops, and, at times, lectures that might be of value to the careerist.

8. Further Information. Please contact:

Miss Martha J. Thomas

Director of Nursing Education

Saint Elizabeths Hospital

Washington, D.C. 20032.

Telephone: 202-574-7569

*Research
Clinical
Diagnostic
Classification
Individual
Therapy*

**Adult Psychiatry Branch,
Psychiatric Assessment Section
Division of
Clinical and Behavioral Research, NIMH
Bethesda, Maryland**

*Research
Psychiatrist*

The goal of the Psychiatric Assessment Section is to develop improved diagnostic methods and concepts that will be more reliable and have a greater relationship to etiology, response to treatment, and course of disorder than diagnostic systems currently in use. To pursue this goal, standard mental status, psychiatric history, and demographic and followup interviews have been developed to obtain data about psychiatric patients. Other patient data are obtained from projective tests, global clinical evaluations, and scales such as the Inpatient Multidimensional Psychiatric Scale (Lorr).

Evaluations of patients using these methods have been carried out as part of the Section's role as a field research center for the International Pilot Study of Schizophrenia sponsored by the World Health Organization. In this role, the staff of the Section helped develop standardized interview procedures, and used these to evaluate a sample of 150 acute psychotic patients. The reliability of these methods for data collection was assessed together with similar data obtained by investigators in the other eight collaborating countries. Computerized clustering techniques were developed to compare the types of patients evaluated in each of the participating countries. The categories of patients defined by cluster analysis techniques were then compared to patient groups as defined by diagnoses assigned by clinicians and a computer method designed to simulate clinical diagnoses.

As of July, 1971, the Psychiatric Assessment Section is in charge of a Clinical Center ward for acute psychotic patients. This facility permits the staff of the Section to investigate several alternative diagnostic systems and concepts including clinical diagnosis, Lorr's psychotic types, patient typology derived from cluster analysis, and "dimensions

of function" to compare the ability of these diagnostic models to relate to etiological factors and course of illness. In collaboration with the investigators from other sections and laboratories, studies of thought disorder and of biochemical and psychophysiological parameters are carried out to evaluate possible relationships between these measures and diagnostic types to evaluate further the relative validity of the different diagnostic models. Followup evaluations of patients will also be carried out to provide an "outcome" measure as a further source for testing the validity of the diagnostic systems.

This research offers staff members an opportunity to become intensively involved in one or two areas of psychiatric investigation such as clinical evaluation, studies of thought disorder or psychophysiological investigations, while still encouraging efforts to relate findings in each of the particular areas to the overall problem of defining patient characteristics that will have etiological and treatment significance. Close collaboration with other investigators from the Clinical Center and from other facilities as well is encouraged as an important aspect of the goals of the Section.

The incumbent would begin his work in the Section by becoming involved in one of the research areas and by participating in the clinical care performed on the ward for acute psychotic patients. He would participate in project planning and development, collection and analysis of data, and in writing papers for publication as a full collaborator in the ongoing research.

The Chief of the Section, Dr. John Strauss, has primary responsibility for the program supervision in the areas of research in which the section is involved. Dr. William Carpenter is the Chief of the clinical research ward. Further supervision and consultation is

available from other Section and Branch staff such as Dr. Lyman Wynne, as well as other numerous available consultants.

For further information, contact Dr. John S. Strauss, Chief of the Psychiatric Assess-

ment Section, Adult Psychiatry Branch, Division of Clinical and Behavioral Research, NIMH, Bethesda, Maryland 20014, or Dr. W. T. Carpenter (MHCDP) at the same address. Telephone: 301-496-4303.

Research
Family Therapy
Adult
Adolescents

Adult Psychiatry Branch
Experimental Group & Family Studies Section
Division of
Clinical and Behavioral Research, NIMH
Bethesda, Maryland

Psychiatrist

1. Organizational and Physical Location. The Section is in the Adult Psychiatry Branch, Intramural Program, NIMH, Bethesda, Maryland.

2. Objectives. To develop theories and methods for the experimental study of the interaction and communication in families and non-family groups; to subjective experience, for individuals, of membership in families and small groups and for clarifying the effect of family and group interaction on the intellectual and affective functioning of its members. In addition to experimental methods, important observations will be drawn from individual and family psychotherapy conducted as an integral part of the program.

3. Duties. The position was established to encourage independent, experimental investigation of families or small groups. The MHCD psychiatrist may collaborate with other investigations on the project or, in some cases, with those in other projects or he may develop his own projects. He may assume clinical responsibilities if he sees this as consistent with his own project. His research may concern the correlates or antecedents of psychopathology in small groups or families or it may concentrate on aspects of groups and families that have no direct or immediate relevance to psychopathology. The major requirement is that the MHCD psychiatrist actively engage in some sustained experimental investigation that takes into account the overall objectives and resources of this project.

4. Clinical Experience or Opportunities. The Section currently sponsors a small outpatient psychotherapy program; the MHCD psychiatrist may serve as individual and/or family therapist. At most this is unlikely to provide more than 8-10 hours of clinical experience weekly. Additional clinical experience may be available in other Sections in this Branch.

5. Examples of Program Activities. The

major project of this Section is a series of experiments on the relationship between family interaction and individual thinking. Families are tested together in several experimental procedures which include a computer-controlled set of teletypes and a card sorting task. Data is drawn from objective measures of the families' performance on the teletypes and card sorts. In addition, polygraph measurements of physical properties of their speech and galvanic skin response assist in characterizing the way families collectively attend to and elaborate environmental stimuli. Families of schizophrenics, delinquents, and normals have been studied.

6. Supervision. Experimental projects will be under the supervision of Dr. David Reiss. Clinical supervision may be given by Dr. Reiss and is also available from other Branch staff and a panel of NIMH clinical consultants.

7. Time Distribution. Time distribution depends on the nature of the project elaborated and carried out by the MHCD psychiatrist. The program seeks to provide each participating researcher with a maximum amount of time for individual work and a relative de-emphasis of conferences and group discussions. There is little opportunity for administrative experience. There are few opportunities for teaching formal classes. If the background of the MHCD psychiatrist permits he may be able to teach a course in the NIH Graduate Program or conduct a series of seminars in the Branch training program. There are informal opportunities to teach junior staff members, nurses, and psychiatric aides.

8. Present Staffing. The present Section is small consisting of two research psychiatrists who share an interest in experimental small group research and general clinical psychiatry. One has a particular interest in the experimental study of families, and the other in the management and study of milieu ther-

apy wards. A research assistant and a secretary comprise the supporting staff.

9. *Facilities.* During the coming year the program will be housed in a relatively spacious suite consisting of a small-group type laboratory, observation room, and three professional offices. Equipment now directly available to the project includes a full range of audio recording and playback equipment, a set of six teletypes interfaced with a LINC computer and a polygraph with a variety of recording accessories. In addition, video recording equipment, large scale computing

facilities, art, photographic, and bibliographic services are available from other programs at the NIH.

10. *Other Opportunities.* A variety of formal NIH training programs offer courses in psychology, sociology, statistics and computer technology. Universities and institutes in the Washington area offer a full range of clinical and research training.

11. *Contact.* Dr. David Reiss, Chief, Section on Experimental Group and Family Studies, Adult Psychiatry Branch, NIMH, Bethesda, Maryland 20014. Telephone: 301-496-5351.

*Research
Children
Adult
Family Therapy*

**Child Research Branch
Division of
Clinical and Behavioral Research, NIMH
Bethesda, Maryland**

*Research
Associate*

1. Organizational and Physical Location. This position is in the Section on Family Development of the Child Research Branch, which is a division of the Intramural Research program in NIMH. Offices are located in Wilson House at the National Institutes of Health.

2. Objectives. The objective is to carry out research on early marriage as a part of a longitudinal study which continues with studies of the first born through to the pre-school years.

3. Duties. Carries out interviews and arranges experimental interaction situations with spouses, arranges group meetings, participates in recording research data, rates audio or video-tape records of interviews, selects certain couples for sustained clinical study. Participates in research conferences dealing with interviewing technique and research procedures. Under the supervision of the Chief of the Section develops research projects on early marriage.

4. Clinical Experience or Opportunities. An opportunity is provided to spend one day a week in nearby clinical facilities, or in training programs in psychiatry in the greater metropolitan area.

5. Examples of Program Activity. Described in 3, above.

6. Supervision. Supervision of research is by the Section Chief. Supervision of interviewing procedure is by the Section Chief and a

psychoanalyst affiliated with the research program.

7. Time Distribution. Work requires usually one and sometimes two nights per week from 7:00 until 10:30 p.m., because this is the only time both husbands and wives can be studied. Of the remaining time approximately 30% is spent recording and rating data from interviews, 20% participating in research meetings, and 30% in personal research activities.

8. Present Staffing. Current professional staff consists of the Section Chief (psychologist), a psychoanalyst (part-time), two psychiatrists, and two social workers.

9. Facilities and Community. All offices and research facilities are located in Wilson House, address listed in 1, above. The staff live in the Northwest area of the District of Columbia or in the Maryland suburbs.

10. Other Opportunities. Staff members have taken courses in the Washington School of Psychiatry and Johns Hopkins Hospital. There are a number of universities in the Washington, D.C. area. NIH has its own graduate studies program as well. Opportunities exist for contracts with Chestnut Lodge Hospital, and with related NIH research programs.

11. Contact. For additional information, contact Dr. Robert G. Ryder, Chief, Section on Family Development, Wilson House (15-K), National Institute of Mental Health, 9000 Rockville Pike, Bethesda, Maryland 20014. Telephone: 301-496-1301.

*Research
Sleep
Psychobiology
Psychophysiology*

**Laboratory of Clinical Psychobiology
Division of
Clinical and Behavioral Research, NIMH
Bethesda, Maryland**

Psychiatrist

1. *Organizational and Physical Location.* These positions are in the Laboratory of Clinical Psychobiology, NIMH, now located in the Clinical Center, National Institutes of Health, Bethesda, Maryland.

2. *Objectives.* The objectives of the Laboratory are the study of psychobiological relationships of possible relevance to the understanding of behavior and psychopathology in man and other species. Current work is especially focused upon sleep research in terms of the normal psychophysiology of sleep, its relationship to psychopathology and its comparative biological characteristics. In addition, increasing emphasis is being given to studies of the biological correlates and significance of "anxiety."

3. *Duties.* Duties of the research psychiatrists are flexibly individualized in terms of his particular interests and the needs of the various ongoing projects. He might be primarily involved in the selection, evaluation and treatment of psychiatric patients of various diagnostic categories as well as the research directed to them; he might be entirely immersed in laboratory study of human psychobiological relationships or animal behavior; or he might evolve some combination of such activities.

4. *Clinical Experience or Opportunities.* The MHCD officer assigned would have the opportunity for intensive clinical experience with a limited number of patients from selected diagnostic categories in an inpatient setting and possibly on an outpatient basis as well. The primary opportunity, however, is for training in research methods.

5. *Examples of Program Activity.* A psychiatrist coming to the Laboratory after 2 years of residency and some earlier research experience became involved in determining what happened to the sleep of patients at times of acute schizophrenic exacerbations. In the context of his clinical duties on a psychiatric unit over the next 2 years he assisted in planning the strategy of approach

to this problem, took the primary responsibility for selecting suitable patients, collecting intensive longitudinal data both regarding their sleep variations in their clinical symptomatology, evaluating this data statistically, and finally, reporting it at scientific meetings and in psychiatric journals. In the process he became immersed in the problems of systematic quantification of symptomatology and techniques of sleep research, as well as making less extended excursions into catecholamine biochemistry and psychopharmacology.

6. *Supervision.* Under the supervision of the Laboratory Chief, most efforts of the Laboratory are collaborative, involving the research psychiatrist in working relationships with experienced investigators within the same group, as well as consultation with the large and diversified research staff of the entire NIH.

7. *Time Distribution.* Approximately one-third of the time may be spent in administrative and clinical care duties similar to those of any psychiatrist in a hospital setting, and the remainder is available for research activities, reading, conferences, etc.

8. *Present Staffing.* The current staff consists of the Laboratory Chief, five research psychiatrists, two experimental psychologists and various ancillary personnel. Considerable staff expansion is anticipated as soon as administrative conditions permit.

9. *Facilities and Community.* Facilities now consist of a 15-bed psychiatric unit, a well-equipped psychophysiology laboratory and an animal behavior laboratory, all located in the Clinical Center, NIMH. The staff live throughout the greater Washington, D.C. area.

10. *Other Opportunities.* Possibilities for postgraduate education in psychiatry at the Clinical Center or within the Washington area are virtually unlimited, the greatest problem being that of choosing among them. In those terms, as in many others, the posi-

tion described offers a unique opportunity for psychiatrists seriously interested in investigative careers.

11. *Contact.* For additional information con-

tact Dr. Frederick Snyder, Chief of Laboratory of Clinical Psychobiology, National Institute of Mental Health, Bethesda, Maryland 20014. Telephone: 301-496-6884.

<i>Psychopharmacology</i>	Section on Psychiatry	
<i>Research</i>	Laboratory of Clinical Science	
<i>Neurobiology</i>	Division of	
<i>Neurochemistry</i>	Clinical and Behavioral Research, NIMH	
	Bethesda, Maryland	<i>Psychiatrist</i>

1. *Organization and Physical Location.* The program is administered under the Section on Psychiatry in the Laboratory of Clinical Science, National Institute of Mental Health, Bethesda, Maryland.
2. *Objectives.* Major objectives of the program include development of clinical skills and participation in all facets of an active research program.
3. *Clinical and Research Assignment.* In general the nature of the assignment is determined by the interests, past experience, and special skills of the officer. During the first year he might spend approximately two-thirds of his time involved in clinical care of patients and one-third in research. During the second year perhaps three-fourths of his time would be spent in independent research and one-fourth in clinical care.
4. *Supervision.* Clinical supervision would be provided by both the Unit Chief, and by a senior training analyst in the Washington Psychoanalytic Institute. Research consultation would be provided by the Unit Chief and the Section Chief.
5. *Duties.* The Career Development Officer would be assigned to the Section on Psychiatry and the 3-East or 4-West Clinical Units. Most of the patients on these Units are severely depressed or manic individuals. The officer would be assigned patients to be seen in individual psychotherapy and he would participate in group and milieu treatment programs. He would be involved in the design and methodology of research, collection and analysis of data, and preparation of manuscripts for publication. The Career Development officer is considered a research collaborator and would be expected to carry out and publish independent research during his two-year assignment.
6. *Examples of Program Activity.* The research program in this Section is concerned primarily with behavioral and biochemical investigations of depressive and manic-depressive reactions and suicidal patients. A major aspect of the work is focused on investigations at the interface between psychodynamic and psychological studies of the depressive individual and biochemical and biophysical investigations. The clinical research program is divided into separate areas each including a number of specific studies.
 - a. Studies of Psychodynamics and Psychopathology in Depression and Mania. These include studies of precipitating factors and studies of psychotic depressive thinking. Recently, studies of learning and memory in relation to clinical state changes and drug effects have been initiated.
 - b. Psychopharmacological Studies. These involve investigations of the mechanism of action and clinical uses of psychoactive drugs in mania and depression.
 - c. Investigations of Neuroendocrinology in Depression and Mania. These include studies of pituitary-adrenal function in depressed individuals.
 - d. Studies of Electrolyte Metabolism in Affective Illness and Studies of the Interrelationships between Electrolyte, Catecholamine, and Steroid Metabolism in these Patients. The changes which occur with lithium carbonate administration are a special focus of these studies.
 - e. Studies of Behavioral and Biochemical Factors in Suicidal Patients and Attempts to Predict Suicidal Intent. These include studies of communication patterns in suicidal individuals.
 - f. In addition, a number of basic laboratory investigations are being conducted by members of the Section. These include uptake and release of biogenic amines by synaptosomes and platelets, studies of amine and protein synthesis in brain, and studies of isolated membrane systems.
7. *Conferences.* The Career Development

Officer would attend three clinical conferences each week, four research conferences, and a research seminar.

8. *Additional Opportunities.* The Career Development Officer would be eligible to take any courses in the NIH Graduate School. These cover a large number of areas of basic science and clinical medicine. The Officer, of course, will be able to attend professional meetings during the year.

9. *Contact.* During the past several years,

three Career Development officers have been assigned to the program. The ones listed below can be contacted concerning their experiences in this program.

a. David Anderson, M.D., 202-562-4000

b. W. Twitty Carpenter, M.D., 301-496-4303

For additional information, contact Chief, Section on Psychiatry, National Institute of Mental Health, Bethesda, Maryland 20014. Telephone: 301-496-4440.

7

*Information
Retrieval
Data Processing
Computers
Administration*

**Bibliographic Services Division
National Library of Medicine, NIH
Bethesda, Maryland**

*Psychiatric Information
Specialist*

1. *Organization and Physical Location.* The Bibliographic Services Division is one of the operating divisions of the National Library of Medicine, which is a component of the National Institutes of Health. The Library is situated on the campus of the NIH at 8600 Rockville Pike, Bethesda, Md. 20014.

2. *Objectives.* The National Library of Medicine is responsible for the acquisition and indexing of the literature in the fields of the biomedical sciences. It serves as the major resource for access to this bibliographic material by the medical libraries of the U.S.A., and in many instances of foreign countries. One of the major programs of the Library is the publication of Index Medicus; related to this function is the compilation of bibliographies, in answer to specific queries, through MEDLARS (Medical Literature Analysis and Retrieval System, a computer-based citation retrieval system. The Bibliographic Services Division is responsible for the indexing of the scientific literature that is covered by the Index Medicus, for preparation of the searches of the computer files in response to scientific requests, and for the maintenance and development of the subject headings used for the description of the articles stored in the computer data files. In the performing of these various functions members of the Bibliographic Services Division work with scientists, both individually and as members of advisory committees, to develop procedures for improvement of the system; reviewing the quality of the journals selected for indexing, the accuracy and precision of the indexing of new concepts, retrieval strategies, and the selection and definition of new descriptors to be used as Medical Subject Headings.

3. *Duties.* The trainee will be given an intensive training in the various sections of the Bibliographic Services Division, so that he will become thoroughly familiar with the fundamental procedures of the information

retrieval system. During the course of training he will have an opportunity to develop an understanding of the interactions with a sophisticated data processing system, the management of data, and the procedures required to successfully solve the problems of the man-machine interface.

The officer, following the period of training, will then be given an opportunity to provide guidance in the improvement of indexing techniques, particularly in the behavioral sciences, review, and selection of the journals devoted to psychiatry and the behavioral sciences, and to select and define the terms that may be required to improve the indexing and retrieval of psychiatric literature. Queries that are addressed to the Library by psychiatrists which require particular competence in the discipline for the development of the search strategy will be consulted upon by the officer and he will be expected to provide training and guidance to the search section in this area.

During the course of the period of service at the Library it is expected that various areas of new knowledge in the behavioral sciences will require the development of broad literature searches that can be issued as bibliographies of general interest to scientists. The officer will be expected to identify these areas, assume responsibility for the development of the retrieval strategy, and to edit the bibliography for its final publication.

4. *Clinical Experience.* The National Library of Medicine is on the NIH campus in Bethesda, Md., a suburb of Washington, D.C. There are many opportunities for the trainee to arrange for clinical experience at psychiatric clinics and mental health centers throughout the area. Time for these activities will be assigned and the trainee encouraged to maintain clinical contacts during the period of training.

5. *Example of Program Activity.* During the past year, members of the Medical Subject

Headings Staff met with representatives of the American Psychiatric Association in order to review the new Classification of Mental Disorders proposed by the Association, and to develop additional main headings and cross references for the NLM vocabulary required to make the two systems compatible. A continuing liaison is being maintained with these consultants in order to insure the proper usage of these terms, to review their effectiveness in search retrievals, and to broaden the scope of the library's coverage of the specialty.

In order to assist the indexing personnel in their understanding of concepts in various areas, guides reviewing current knowledge have been developed, and published for use as desk top tools. This is an activity in which the officer would be expected to participate together with the development of training programs for all division personnel in the field of psychiatry.

6. *Supervision.* Supervision is provided by the Chief, Bibliographic Services Division. In addition close contact will be maintained with the senior staff members in the Division. The consultants from the American Psychiatric Association will provide continuing professional supervision and advice.

7. *Time Distribution.* Approximately 4 months are required for the period of training in the functional activities of the Division. Duties thereafter will be assigned according to the interests of the officer, and the needs of the Division for his special knowledge to assist in reaching solutions to problems that relate to the dissemination of information in the behavioral sciences. A minimum of 2 days a week will be available for clinical

assignments. The officer will also be expected to attend clinical and research conferences at the NIMH and NIH, the annual meeting of the A.P.A. and several meetings and conferences of scientific associations during the year.

8. *Present Staffing.* The current staff consists of the Chief of the Division, (a physician), an Associate Chief (a pharmacologist), and Chiefs of Sections with background training in medicine, dentistry, and bibliographic research. Members of the indexing and search sections include those with higher degrees in psychology, anthropology, and sociology. There is also a large staff in the data processing area who are available for advice and instruction in the application of A.D.P. to the problems of the division.

9. *Facilities and Community.* The National Library of Medicine is situated on the Bethesda campus adjacent to the NIMH and the NIH. The staff live in Montgomery County, the Virginia suburbs and Washington, D.C. Excellent educational facilities are available, and the opportunities for cultural activities are many and varied.

10. *Other Opportunities.* There are a number of universities in the Washington area, and in addition many of the Federal Government Agencies offer educational courses that are open to M.H.C.D. officers. The majority of M.H.C.D. officers take advantage of these opportunities and participate in one or more postgraduate courses.

11. *Contact.* For additional information, contact Mr. Robert H. Cross, Personnel Officer, National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland 20014. Telephone: 301-496-6093.

**Neuropsychiatry
Audiovisual
Consultation
Teaching**

**National Medical Audiovisual Center
National Library of Medicine, NIH
Atlanta, Ga.**

**Biomedical
Communications
Officer (Psychiatry)**

1. *Organizational and Physical Location.* This position is headquartered in the Educational Systems and Development Branch of the National Medical Audiovisual Center, NLM, NIH, Atlanta, Georgia.

2. *Objectives.* The National Medical Audiovisual Center, located in Atlanta, Georgia is the principal focal point in the Public Health Service for national and international leadership in biomedical audiovisual communication. The program consists of efforts in three areas. First, the Center acts as a clearinghouse for audiovisual devices and information for biomedical installations in this country and abroad. Second, the Center provides consultation to institutions interested in developing their capacity to produce and use audiovisual information for themselves, and the Center addresses itself also to specific educational problems in the biomedical community. Third, the Center is active in originating its own series of audiovisual forms, ranging from still photography and graphic arts to the production of medical motion pictures and videotapes. The Branch in which this position is located is responsible for the educational application of audiovisuals to curriculums in the health professions.

3. *Duties.* The Mental Health Career Development officer would provide professional guidance for educational endeavors involving audiovisual communications in the field of neuropsychiatry. He would also serve as a neuropsychiatric consultant in the evaluation of audiovisual productions being undertaken by the Center, and advise the Center on its efforts to provide consultation to medical institutions for the improvement of psychiatric curricula. He would be able to initiate efforts in neuropsychiatric communication as deemed consistent with the Center's mission and the mission of the NIMH. Through an especially designed in-service training program, this officer would develop skills in biomedical communication, including production experience, evaluative

studies, and consultative activities. His total assignment would provide valuable experience in all phases of this specialty area for direct application to teaching methods in psychiatry.

4. *Clinical Experience and Opportunities.* The NMAC maintains professional working relationships with a number of installations in the Atlanta area. Clinical experience is available through the departments of psychiatry of the Emory University and Grady Memorial Hospital. The Georgia State Mental Health Institute is in close proximity to the Center (in both fact and spirit), and a continuum of clinical experience can be arranged on an individual basis. As outlined above, the officer will also have ample opportunity to learn the technical aspects of biomedical audiovisual communication in still photography, graphic arts, motion picture photography, and television.

5. *Examples of Program Activity.* Over a 2-year period the officer would: consult with a number of medical schools concerning their needs for learning resources in psychiatric curriculums; initiate neuropsychiatric productions of contemporary import; consult on the psychiatric nature of other productions made both at the Center and elsewhere; serve as an advisor on such matters to the Director of the NMAC, and prepare materials that might be required for presentation to professional groups and institutions relating to neuro-psychiatric problems. During actual production of audiovisual forms, the officer would develop skill as technical advisor.

6. *Supervision.* Supervision would be provided by the Branch Chief in consultation with the Center Director.

7. *Time Distribution.* The specific allocation of time would be arranged between the officer, the Branch Chief, and the Center Director.

8. *Present Staffing.* The staff of the NMAC consists of 135 full-time individuals; the

Educational Systems and Development Branch has ten employees.

9. *Facilities and Community.* The NMAC is a well-equipped biomedical audiovisual installation with full capability for pursuing an aggressive national program in this specialty area.

10. *Other Opportunities.* Arrangements can

be made for the MHCD officer to participate in postgraduate courses at universities in the Atlanta area.

11. *Contact.* For additional information, contact Mr. Frederick S. Buschmeyer, Jr. Deputy Director, National Medical Audiovisual Center, 1600 Clifton Road, N.E., Atlanta, Georgia 30333. Telephone: 404-633-3513.

*Biomedical
Communications
Information
Retrieval
Consultation
Administration*

**Lister Hill National Center
for Biomedical Communications
National Library of Medicine, NIH
Bethesda, Maryland**

*Information
Specialist*

1. *Organizational and Physical Location.* This position is in the Lister Hill National Center for Biomedical Communications in the National Library of Medicine, National Institutes of Health. Offices are located in the National Library of Medicine building, 8600 Rockville Pike, Bethesda, Maryland.

2. *Objectives.* The objective of the Center is to develop and coordinate networks and information systems to improve health education, medical research, and the delivery of health services. To achieve this objective the Center (1) designs, develops, implements, and manages a Biomedical Communications Network; (2) assists the biomedical community in identifying and developing products and services for dissemination through the network; (3) develops networks and information systems to improve health education, medical research and the delivery of health services; (4) applies technology to the improvement of biomedical communications; (5) represents DHEW in Federal activities related to information communications activities; and (6) serves as the focal point in DHEW for biomedical communications, information systems, and network projects.

3. *Facilities and Community.* The Lister Hill National Center for Biomedical Communications is a part of the National Library of Medicine and is in the National Library of Medicine building. The staff lives in the Maryland and Virginia suburbs and in the District of Columbia.

4. *Present Staffing.* The current staff of the Lister Hill National Center for Biomedical Communications consists of the Director (a Ph.D. mathematician), five senior staff members, and two professionals. The staff members include mathematicians, information scientists and engineers.

5. *Examples of Program Activity.* An example of a program activity would be as follows: In the Remote Information Systems

Center of the Lister Hill National Center for Biomedical Communications, several systems are available and are being examined for their utility in biomedical communication applications. One of these systems is the System Development Corporation's LUCID System. An information specialist became familiar with this system, and, under the supervision of a senior staff member, developed an on-line retrieval system for the Express Catalog Service of the Library and trained a member of the staff in its use. That system has now been completely taken over by the interested Library component. Other systems involving Project MAC at MIT and a first order predicate calculus system being developed by the Stanford Research Institute are available in RISC and will be subjects for similar experimental applications.

6. *Duties.* Information specialists participate in monitoring Center contracts; in conducting research and experimentation with new techniques of information retrieval, graphic image storage and transmission; in developing procedures for the use of new systems; in operating the Remote Information Systems Center and training others in its use; and in gathering data on biomedical information user characteristics and their needs. The specialist will be under the direct supervision of a senior member of the Center and will participate in staff planning activities and familiarize himself with several components of the Biomedical Communications Network. He will participate in training activities within the Library and in selected external programs in data processing and information science so that he will develop broad competence in the field of information system science. Contractor site visits and attendance at two or three professional meetings are expected. These would include meetings of the APA, and information science oriented meetings.

7. *Clinical Experience or Opportunities.* This is a research and administrative position, distributed about half time in each activity. However, time could be allocated during which the specialist could participate in clinical assignments he wished to arrange.

8. *Time Distribution.* Approximately half time would be spent on actual research and development or information engineering projects. One half time would be in work of an administrative nature, including participation in planning activities for the Bio-Medical Communications Network. Travel and site visits would be a relatively minor fraction of the total time. If necessary time can be allowed for clinical work arranged outside the Library.

9. *Supervision.* Supervision will be provided by a Branch Chief of the Lister Hill National Center for Biomedical Communications. In addition, the information specialist will work closely with other members of the staff in specific projects as assigned.

10. *Other Opportunities.* There are numerous opportunities for specialized education, both within NIH and at other nearby institutions.

11. *Contact.* For additional information, contact Ben R. Tate, Administrative Officer, Lister Hill National Center for Biomedical Communications, National Library of Medicine, Bethesda, Maryland 20014. Telephone: 301-496-4441.